A SURVEY OF CHILDREN'S BELIEFS, EXPECTATIONS AND PREFERENCES ABOUT THE CONSEQUENCES OF DISCLOSING INTRAFAMILIAL ABUSE

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ABSTRACT

The present study investigates the attitudes and beliefs of children about potentially disclosing intrafamilial abuse. The sample was drawn from the peri-urban settlement of Mdantsane and the rural villages of Nowawe. A pilot study involving 28 children in qualitative interviews was conducted. Content analysis of these answers were used to compile a questionnaire which was administered to 489 children by locally trained fieldworkers. The questionnaire contained questions pertaining to demographics, health, social support, and closed-ended Likert scales for the measurement of beliefs and intentions about disclosing intrafamilial abuse. Two open-ended questions were included to investigate children's preferences about the outcome of disclosing abuse. Children's experience of safety in and out of home, as well as their preferences about who to disclose to, were also measured. Questions pertaining to family and to abuse were asked in a way that allowed individual children to define the parameters of these concepts rather than assuming definitions for them. The results were analysed descriptively for the total sample. Where the data was examined for relationships and differences according to age, sex and where the children lived, Chi-square and ANOVA tests were conducted. In the case of significant findings, *post-hoc* analysis was carried out using residual analysis and the Newman-Keuls procedure, respectively. The findings revealed that 88% of the sample intended to report intrafamilial abuse if this happened to them, but only half expected to be believed. Strong variations in beliefs and intentions were found to exist on the basis of where children lived, with children from the poorest and oldest settlement in Mdantsane consistently emerging as less trusting of their environment and therefore less able to seek help, as compared to children living in the informal settlement or the affluent neighbourhood. Older children were found to differ from younger ones on the basis of being less confident that they would be believed if they were to disclose. The main difference between male and female children involved variations in their beliefs about whether there would be consequences for the abuser and themselves if they reported abuse. Overall, the degree of duality and contradictions as regards how children wanted to respond to intrafamilial abuse, and what they believed to be the consequences of disclosing this, point to the importance of developing services that can adapt to differences between communities and groupings within these communities rather than responding in a homogenous manner to all incidents of child abuse. Limitations associated with survey methodology and interviewer bias are acknowledged.

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CHAPTER 1: LITERATURE REVIEW

1.1 Introduction

The topic of child abuse needs little introduction. As both a field of academic investigation and service delivery, there has been a steadily growing contribution to its analysis and 'cure'. While we are able to trace abusive behaviour towards children back to much earlier civilizations (Breiner, 1990) and currently across different cultures (Scheper-Hughes, 1987; Korbin, 1987), the degree of professional preoccupation with this subject is a more recent and first world response.

The plight of children as a disenfranchised group of society was highlighted alongside the liberation of women since the 1970's in North America and the United Kingdom (Levett, 1994). In developing nations, such as South Africa, where human rights abuses have been suffered by children and adults alike, the agenda for liberation has involved addressing both racism and socio-economic devastation. In the spirit of democracy, child abuse and neglect have been added to the concerns of the new government committed to the enormous task of reconstruction and recovery in post-apartheid South Africa.

The maltreatment of children raises many adjacent issues: child rearing; family life; gender relations; law enforcement; access to adequate health services and legal abortion, education, welfare and child care to name a few. Its detection, containment, documentation, advocation and prevention have depended on the efforts of adults and their ideas or findings on these issues. Of note is the absence of determining what children think when informing responses to events that cast them as central and voiceless. It is with children's voices that this thesis seeks to speak, and to children that it aims to listen.

1.2 Chapter Outline

The present study starts off by exploring the available literature, both internationally and locally, to determine where researchers have focused their efforts and what has been added to our knowledge about the topic of child abuse. Emphasis is given to two areas that constitute 'gaps' in the literature. These are children's ideas, beliefs and views on the topic, and the mechanisms of disclosing abuse. Chapter 2 introduces the context of the present study and then presents the procedure and results of the pilot study, followed by the method used to carry out the survey and the limitations associated with this means of investigation. In Chapter 3 the results of the survey are presented and discussed, along with conclusions about the implications of these findings and recommendations for service delivery.

1.3 Introduction to International Research

The major focus of research internationally has been the investigation of child sexual abuse. Although physical abuse and the phenomenon of abandonment and neglect have received attention, these topics are

unofficially awarded a less prominent position in the adult world of investigating child maltreatment. Canada, the United Kingdom and the United States of America are responsible for the bulk of publications on any aspect of this topic, apart from inquiries into child labour, street children, AIDS orphans, and child prostitution which are associated with poorer economies (Omari, 1993). While it is beyond the scope of this review to detail the findings of the considerable body of research on this topic, other than those that have more direct implication for the narrow focus of the present dissertation, what is offered is an overview of the trends in this field interwoven with evaluations of how these contribute to our understanding of child abuse.

1.3.1 The effects of childhood abuse

In terms of what researchers have chosen to look at, the victim has often been studied in order to determine what adverse consequences can be expected to arise from the experience of abuse. For the most part this is measured by investigating the level of deviance in the adult survivor, such as intergenerational transmission of maltreatment, criminality, and psychological impairments (Starr, MacLean & Keating, 1991). A much smaller contribution is made to exploring buffer effects that prevent adverse outcomes. Inspection of the evidence on deviance shows many inadequacies in methodology and theoretical cogency (Starr *et al*, 1991), instead uncovering professional fascinations and convictions that tell us more about the investigators' ideological subscriptions than the question under investigation (Levett, 1988). A summary of the major findings of each of these measures is outlined below.

1.3.1.1 Intergenerational transmission of maltreatment

In their review of research pertaining to the intergenerational transmission of maltreatment, whether this takes the form of sexual abuse, physical abuse or neglect, Starr et al conclude that

> "... statements concerning the high probability of the transmission of child maltreatment across the generations are unwarranted." (1991:8)

The authors offer a composite transmission rate of less than 30% for any of the three types of maltreatment.

1.3.1.2 Criminality

Turning their attention to findings on the relationship between child abuse and criminality, Starr et al (1991) surmise that in the case of the physically abused child there is a higher risk of growing up to commit criminal offenses as well as a greater degree of violence associated with these acts. The relationship between criminality and sexual abuse has been more difficult to determine owing to lack of research. Furthermore, subjects are often the victims of multiple forms of maltreatment, making it hard to conclude what is the major determinant of criminality. Where research has been carried out the focus has been on sex offenders. Since the majority of sex offenders are male this has limited investigations to studying male victims of child sexual abuse, who are a small group relative to female victims. Findings are therefore inconclusive on the topic. Evidence both points to the experience of childhood sexual abuse as more common for child molesters than rapists (Seghorn, Prentky & Boucher, 1987 in Starr *et al*, 1991) as well as a very weak relationship between

this type of abuse and the commission of adolescent and adult sex offenses in any form (Becker, 1988 in Starr *et al*, 1991).

The link between neglect and delinquency has been observed as occurring more frequently under conditions of poverty, which has led investigators to focus on how poverty contributes to aggression and delinquency. In these cases neglect is an adjacent rather than determining or principle factor (Starr *et al*, 1991).

1.3.1.3 Psychological Sequelae of Child Abuse

The last mentioned measure of deviance, namely psychological sequelae, has been particularly attended to by investigators of child sexual abuse and according to Levett (1988) is characterised by a prevailing atmosphere of pessimism. In her comprehensive review of research on the traumatic effects of child sexual abuse in female children, she highlights how research has minimised the findings of resilience by either glossing over these results or predicting latent or hidden effects. Problems of definition and the many intervening variables that are involved (e.g. age, presence of violence, relationship to the abuser, duration and severity of the abuse, to name a few) along with sampling that is biased through use of unrepresentative populations or retrospective accounts, fail to allow for certainty in the findings. Despite this,

> "An overall picture emerges of a derailment of "natural" processes of development into a range of routes of disturbance and deviance, variously defined." (Levett, 1988:31)

This indicates an unwillingness in investigators to relinquish the assumed inevitable trauma caused by child abuse.

The difficulty, according to Levett (1988), Fromuth (1986) and Jehu and Gazan (1983, in Levett, 1988) is not being able to determine if the problems identified in adult survivors are directly related to the abuse or other circumstances in the person's life, notably the quality of relationships and development experienced as a child. This is reinforced by Miller's (1990) reservation of pinning all adverse consequences onto the experience of child sexual abuse instead of viewing this outcome as a more complex result through a range of parental failures.

Long-term consequences involving mental illness, promiscuity, anti-social behaviour, depression, sexual dysfunction, quality of interpersonal relationships and personal adjustments, homosexuality, dissociative reactions, multiple personality disorder, psychological defensive mechanisms, self-destructive activities, and suicide have all been measured against the experience of childhood sexual abuse (Levett, 1988). Starr *et al* conclude on this topic:

> "In spite of the vast array of symptoms that appear with greater frequency in adults who are sexually abused during childhood than in those who are not, these symptoms are not universally present in abuse survivors.." (1991:15)

And Levett notes that

> "...one cannot actually predict the likely outcome of any particular traumatic event with much confidence. This problem besets the entire range of psychopathology...which abounds in descriptive classification but is noticeably thin in explanatory theory." (1988:60)

1.3.1.4 Protective or Ameliorative Effects

Although there are not as many studies dedicated to this topic, researchers have begun to recognize the importance of establishing reasons why negative effects are not universal consequences of childhood maltreatment. Here researchers have tended to look at resilience in relation to either unspecified maltreatment or sexual abuse. In response to the findings that some victims of sexual abuse are assessed as relatively unscathed and demonstrate asymptomatic or healthy functioning (Finkelhor, 1990), Himelein and McElrath (1996) investigated the cognitive coping strategies that aid adjustment in adult survivors. They found a strong association between the self-enhancing cognitive distortion of reality, which they called positive illusions, and psychological well-being. The high adjustment group also revealed a greater tendency to engage in cognitive strategies of disclosing and discussing childhood sexual abuse, minimization, positive reframing, and refusing to dwell on the experience. This led them to conclude the importance of applying cognitive distortions in the reappraisal of the abusive experience and the caution for psychotherapists not to label this as pathological defensiveness.

Other factors that have been investigated in relation to unspecified maltreatment are the vital role of buffers or a nurturing person available to the abused child (Mrazek & Mrazek, 1987; Steele, 1986), the way children perceive their own abuse (Wolfe & McGee, 1991), their emotional response to maltreatment (Tsai, Feldman-Summers & Edgar, 1979 in Starr *et al,* 1991), perceived and actual social support (Fromuth, 1986; Wyatt & Mickey, 1988 in Starr *et al*, 1991) and background of family adaptability, specifically the presence of confidence in the victim's mother (Harter, Alexander & Neimeyer, 1988; McCord, 1983 both in Starr *et al*, 1991).

Before considering what other aspects of child abuse have been studied internationally, it is useful to pause and note how research reviewed so far encounters methodological problems ranging from the complexity of defining the subject matter to the tendency to look for cause-and-effect relationships which ignores the multiplicative interaction of variables and the broader contextual framework in which these operate. Levett (1988) offers an astute analysis of these problems and concludes on the topic of traumatic effects of female child sexual abuse that there has been marginal success in isolating major risk factors. She draws attention to the importance of researching and predicting the effects against the background of the child's overall family environment and ultimately, the socio-political environment.

1.3.2 The Prevalence of Child Abuse

With the transformation of child abuse into a social issue, researchers have attempted to document the prevalence with which this occurs. These studies have tried to generate a profile of what child abuse involves, searching for patterns that could reveal risk factors and points of intervention. There are few of these studies in comparison with research on the effects of child abuse. However, these areas of investigation are similar in the weighted attention to child sexual abuse and the focus on developed nations. The high prevalence with which children are disciplined using physical and verbal aggression in these parts of the world could explain this lack of empirical attention. The developed world's fascination with and anxiety about sex (Stainton Rogers & Stainton Rogers, 1992) could also account for this discrepancy. The major findings are as follows:

1.3.2.1 Physical abuse

In a survey of US college students 80% had been spanked and 12% injured by their parents involving bruising (55%), cutting(19%), head injuries(11%), burns(8%), broken bones(7%) and dental injuries(5%) (Berger, Knutson, Mehm & Perkins, 1988). Howitt (1992) notes a range of estimates (9%-50%) in his review of other prevalence studies. He ascribes these differences to the use of a variety of definitions of physical abuse as well as the finding that self-labeling as abused is relatively uncommon.

1.3.2.2 Sexual abuse

Samples to determine the prevalence of child sexual abuse have largely been drawn from clinical, university or general populations, with the latter source regarded as the most reliable (Levett, 1988). The findings have differed along the basis of how inclusive the researcher's definition of child sexual abuse is. For instance, the age difference between the abuser and the perpetrator, whether non-contact abusive behaviour such as exposure to exhibitionism and pornography is included in the criteria for abuse, and whether intrafamilial abuse includes the extended family (Howitt, 1992).

The studies of Badgley (1986), Russel (1983) (both in Levett, 1988), Finkelhor, Hotaling, Lewis & Smith (1990) and Nash & West (1985) (both in Howitt, 1992) collectively represent frequently referenced sources of statistics in North America and the United Kingdom on this topic. In Levett's (1988) overview of the results as they apply to female children she notes how the most extensive and reliable studies have produced similar prevalence rates. She concludes on the basis of this evidence that one in three North American women will have experienced sexual abuse of a contact type in childhood, while this statistic grows to half the female population when the definition of child sexual abuse is more broadly conceived to include non-contact abuse. Patterns show a higher prevalence of victimisation among females than males, a higher prevalence of intrafamilial abuse if this includes extended family members compared to abuse by strangers and acquaintances, and sexual kissing, genital fondling and exhibitionism occurring with higher frequency than sexual intercourse.

1.3.2.3 Methodological considerations

The complexities of defining abusive behaviour towards children can be best observed in prevalence studies. There is typically a gap between legal definitions and criteria used by practitioners to measure and respond to abuse in society (Levett & MacLeod, 1991). As a result, comparison across studies is not suitable and an accurate measure of child abuse remains illusive. This problem is added to by the inevitable reluctance of a percentage of the population to disclose abuse given its stigmatic proportions. This can be expected to count more significantly in the case of experiences that involve social taboos, such as incest, a factor which further clouds our picture of child abuse. Levett (1988) adds to the list of problems the phenomenon of selective recall and failures in memory and how these will produce unreliable results. She also questions the ethical merits of investigative processes that can potentially create stress for the subject without offering any benefit in return, and at times involving deception as to the real aims of the researcher (Levett, 1988).

1.3.3 Other research trends

As the prevalence and severity of this phenomenon has been investigated, researchers have turned their attention to questions of aetiology and risk (Fryer, 1987; Turner & Avison, 1985; Agathanos-Georgopoulou & Browne, 1997; Fleming, Mullen & Bammer, 1997; Wolock & Magura, 1996; Olsen, Allen & Azzi-Lessing, 1996; Ross, 1996; Rosenstein, 1995; De Paul, Milner & Mugica, 1995). The search has extended across various levels of analysis. Typically individual perpetrators are studied to determine a profile of abusing personalities (Gough & Reavey, 1997; Nicholas & Bieber, 1996; Cerezo, D'Ocon & Dolz, 1996; Coohey, 1995; Oldershaw, Walters & Kordich Hall, 1986; Azar & Rohrbeck, 1986; Kropp & Haynes, 1987; Gaines, Sandgrund, Green & Power, 1978). A few investigators have cast their nets wider to examine the role and responsibility of society and the need for social and political changes to address the problem (Garbarino & Kostelny, 1992; Trickett, Aber, Carlson & Cicchetti, 1991; Miller, 1990; Hearn, 1988; Gelles, 1975).

With the growing specialisation of treating victims, perpetrators and families involved in child abuse, research has also contributed to developing and evaluating the efficacy of these services (Heras, 1992; Frawley O'Dea, 1997; Kelly, 1995; Mowbray & Bybee, 1995; Horowitz, Putnam, Noll & Trickett, 1997; Hyde, Bentovim & Monck, 1995; Andrews, McLeese & Curran, 1995; Humphreys, 1995). Likewise, prevention efforts have intensified and become a source of investigation (Wurtele & Owens, 1997; Leventhal, 1996; Thyen, Thiessen & Heinsohn-Krug, 1995; Tutty, 1993).

An interesting development has been the growing body of research on the effects experienced by service providers responding to the problem of child abuse (Knight, 1997; Richey-Suttles & Remer, 1997; Holmes & Offen, 1996; Winefield & Barlow, 1995; Davey & Hill, 1995). This has widened the parameters of the topic, in a way that creates an impression of contagion and increased powerlessness. These are often understood to

reflect the experience of the abused child but without considering how these may generally describe a more fundamental experience of childhood. It is noteworthy that while the perspectives of adults have been thoroughly documented, encompassing the adult survivor, the perpetrator, and the helping professional, there is scarcely any account of what children feel about or have to say on the topic.

1.3.4 Studies on Children's Perspectives

Cullingford (1992) notes a widespread trend to omit children's views on social topics. He is joined by Stainton Rogers & Stainton Rogers (1992) in pointing out that where children are included in research or enquiries this is often to measure what they know rather than to inform ourselves of how they feel or what they think. On the topic of child abuse, an extensive review of the international research yielded only two studies specifically dedicated to elucidating children's perspectives.

The first, conducted by Phelan (1995), investigates father and daughters' recollections of incestuous events, and their thoughts and interpretations of incestuous activity during the time it occurred. The guiding theory in this study was that of a symbolic interaction framework (Blumer, 1969 in Phelan, 1995) which explains the outcome of people's behaviour as based on what they interpret to be the meaning of others actions, in addition to intrapsychic unconscious forces. Her findings give credibility to the concern that many children are at risk in their own homes, because of the high prevalence of meanings and beliefs about family sanctity, male prerogatives and the rights of fathers. Children reported being frightened, confused and increasingly guilty during the sexual activity. While this study makes important strides into informing us about the way children interpret and respond to incest, this information is not examined for its potential to inform intervention.

The second study carried out by Jacobs, Hashima & Kennings (1995) is a good example of how children's views are important in the development of effective interventions. These investigators argue that preventive programmes are usually based on assumptions about what children know and do not know. Their study assesses Native American children's perceptions of the risk of sexual abuse before and after participation in a preventative program. They report that children have high levels of perception of risk to begin with, and that while this does increase with the applied intervention, they demonstrate inaccuracies with regard to situational cues. There is a tendency to under-rate the risk of familiar persons and adolescents as perpetrators, in favour of strangers and adults. On the basis of this and other findings, the researchers point to the importance of basing intervention programmes on an examination of what children perceive to be risky and abusive, rather than on assumptions of this.

1.4 Introduction to South African Research

Findings of child abuse prevalence studies in South Africa demonstrate similarities with the international literature. The first national study of crimes against children conducted by the HSRC published its findings last year under the title of 'statistics of shame' (Schurink, 1996). The findings are based on 4606 cases reported to the Child Protection Unit, representing 25% of the total number of cases reported to this policing agency over the period of one year (1 July 1994-30 June 1995). The majority of children (62,0%) fell victim to crimes of a sexual nature (rape: 36.3% ; indecent assault: 14.9% ; attempted rape: 4.3% ; sodomy: 3.0% ; other sexual offenses: 2.9% ; and incest: 0.7%). Assault constitutes the next most prevalent crime reported against children (15.1%), followed by neglect (3.0%).

In 83.5% of the cases, the perpetrator was known to the child (acquaintance: 21.4% ; father/stepfather: 17.1% ; relative: 10.3% ; friend of family: 9.2.% ; neighbour: 6.3% ; mother: 5.1%). In the majority of cases there was one victim and one perpetrator involved. However, in nearly half of the cases, victims were in the presence of others when the abuse took place, with this most often being other children, such as siblings or friends. Most of the crimes were committed in the child's home and few, in comparison, were located outside of a dwelling.

A lack of serious injuries were recorded. More than half of the children had no injuries and only 9.4% were diagnosed with serious injuries. Physical violence was used against the child in a third of the reported cases. Nearly half of the victims did not show any resistance to the offender and the use of weapons by the perpetrator comprised a small portion of the sample.

Three quarters of the victims were female. In terms of racial category, black children were most represented, followed by 'coloured' children, whites and then Indian children. The statistics for 'coloured' children were disproportionally high compared to their proportional representation in the child population as a whole. In contrast to the international findings, higher prevalence was associated with an older age group, namely 13 - 15 years.

More than two thirds of the sample reported to the SAP within 24 hours or 2 days. Crimes of a sexual nature tended towards longer waiting periods before being reported to authorities. The large majority of perpetrators were male, with similar representation in terms of racial grouping as outlined in the description of the victims. A substantial percentage of the crimes against children were committed by other children or young adults. The percentage of abusers declined after the age of 40. More than half of the perpetrators were never married, and the largest percentage of this group were unemployed as well as not educated beyond Std 6.

In nearly two thirds of the cases perpetrators had previous criminal records and the same percentage were not tried for the offenses they had committed. For a third of the perpetrators, their cases had been withdrawn by the court, and a fifth were withdrawn by the victims. Of those cases that reached court, 10% were found not guilty and 7.4% concluded in a prison sentence. The latter was often reduced to a fine, suspended sentence or correctional services. Finally, in almost half of the sample no help was received.

This investigation gives a good indication of what reported child abuse cases in South Africa involve. It cannot, however, be taken to represent the actual extent of the problem. This is because of the use of sampling derived from cases reported to the Child Protection Unit, which constitutes branches across the country with a varying degree of service in terms of length of operation and degree of utitlisation by the communities they serve. Furthermore, and more generally of all prevalence studies, a significant proportion of cases will not be disclosed or reported to authorities. Schurink's (1996) choice of title, 'statistics of shame', embodies the popular attitude towards this topic and hence a way to understand some of the reluctance for children and their families to disclose abusive experiences and relationships. We will see how a lack of systematic inquiry into choices regarding disclosure of abuse occurs both locally and internationally. It is specifically the study of these choices viewed and thought about by children that will be undertaken in this thesis. But first let us briefly consider what research has preceded this inquiry, and the South African context as a site for studying child abuse.

1.4.1 Focus and Evaluation of Child Abuse Research

While the topics of the prevalence and consequences of abuse have received ample attention in South Africa, many investigations have focused on its detection, management and prevention. Medical and legal implications have gained prominence, while issues of therapy occupy a smaller place in periodicals and research. This reflects a lack of resources with which to treat child abuse, which instead is responded to in this context with management efforts, often criticised for being fragmented, duplicatory and apolitical as regards advocating for social change that would prevent child abuse (Lachman, 1996; Schurink, 1996; Argent, Bass & Lachman, 1995).

Similar criticisms are directed at the types of research conducted on this topic (Levett & MacLeod, 1991; Levett and 1994) and a tendency to apply eurocentric definitions and values to evaluating the problem of abuse in South African groups. Writing about the lack of cross-cultural research on this topic, Levett notes that

> "What exists is mostly an obvious attempt to reproduce western assumptions and ideas, as though they are universal and unquestionable" (1994:245)

In this way research on the prevalence and consequences of child abuse in South Africa overlooks firstly differences in defining what is normal and deviant, and secondly how gender relations involving power imbalance and control, contain the source of abusive behaviour. According to Levett,

> "Appropriate remedies are not seriously sought...(and)..there is a selective neglect of important factors." (1994:240)

Bearing these problems in mind, Levett (1994) analyses the available findings on the topic of female child sexual abuse as involving such a high degree of prevalence that the possibility of understanding this phenomenon as unusual, in the context of the present social order of patriarchy, is precluded. She also isolates particular conditions under which sexual abuse produces adverse psychological effects rather than permitting the unfounded view that sexual abuse is damaging per se. These conditions involve the concomitant use of violence, the experience of incest, or intrusive and insensitive interventions by family or professional agents following the report or detection of abuse.

1.4.2 Research of Children's Perspectives

As with the international literature, few studies in South Africa have been conducted on the child's perspective concerning child abuse. Casting a wider search to include investigations of children's views on any topic shows some interest in this populations' ideas with respect to violence and destruction of communities (Dawes, Tredoux & Fenstein, 1989), children's perspectives on racialized orientation (Foster, 1994), perceptions of family life (Rankin, 1993) Xhosa speaking children's perspectives of their life history and self-image (Reynolds, 1989) black children's explanations for economic inequality (Potgieter & Ahmed, 1994) black high school pupils' perceptions of the usefulness of guidance teachers (Ntshangase, 1995), and early adolescent conceptions of motherhood and fatherhood (Gibson, 1983).

Many researchers, dedicated to understanding and addressing the problems of violence or crime against children, have commented on the need for investigating the subjective meanings and, therefore views or ideas, of this group (Schurink & Schurink, 1996; Robertson & Berger, 1994; Richter, 1994; Dawes & Donald, 1994; Levett, 1994; Burman, 1986; and Molteno, Kibel & Roberts, 1986). This is regarded to be especially important if we are to understand how to intervene in ways that will be of help to children based on what events mean to them and their capacities for resilience (Robertson & Berger, 1994). Donald & Dawes, sum this up in their concluding chapter about responding to childhood adversity:

> "...what is experienced and construed as adversity in one sociocultural context may not be experienced or construed in the same way in another - let alone what people regard as appropriate solutions to their own adversity." (1994: p270)

The absence of children's opinions from research, whether locally or abroad, can be accounted for by viewing this trend as symptomatic of their general status in societies. This is expressed by Stainton Rogers & Stainton Rogers (1992), who write

> "The oral accounts of children have, until very recently, held a dubious status in modern cultures even amongst ethnograthers - a situation whose recent reappraisal owes more to changes in legal practice concerning the acceptability of children's evidence in court...than to any sudden shift in cultural respect for children's accounts in general." (p34).

In her analysis of this trend, Burman (1986) records sentiments that equate investigating childhood with luxury and indulgence in tranquil societies, based on attitudes that regard children to be marginal and peripheral in social engineering. Cullingford outlines stereotypes of children as "...naive, uncritical, ...innocent (with) no interest in the events of the day..." (1992:2) to explain their absence from research. He points out that even where investigators have made an effort to include children's views, these sources are rarely read or used. Burman adds to the explanation, of what she calls children relegated to 'footnotes', how their behaviour in certain historical periods and across certain societies is so circumscribed "...as to be almost completely defined out of existence." (1986:2) in conformity with patriarchal socialisation, involving deference and submission.

Across the Atlantic from Cullingford and Burman, Erica Burman (1994) draws a more political analysis of this trend to exclude children's ideas in a social constructionist reading of the way childhood has been determined historically in England. While fluctuations can be traced with regard to how children were treated by adults and their positions in society, Burman (1994) writes that at each historical point adults have tended to be preoccupied with how children will turn out rather than how they are faring at the time. This has meant that classification and prediction have been of more interest to psychology. Furthermore, with the separation of contemporary psychology from psychoanalysis, research of personality and emotional aspects of childhood have become split from cognitive development, and relegated to a less favoured position where these aspects are easily regarded as unworthy of investigation as a result of being "...indeterminate, ambiguous and non-instrumental..." (Burman, 1994:33). Burman explains this prejudice as a reflection of capitalistic values, where productivity, performance, and problem solving are favoured.

On the topic of childhood equated with innocence, Burman (1994) and Stainton Rogers & Stainton Rogers (1992) argue that this depiction, together with ideas of children being helpless and dependent, has historically served the function of controlling children, and especially eclipsing their active political resistance. Furthermore, by attributing the opposite, namely any possibility of 'knowing', to children, this unsettles definitions and beliefs about consent and culpability in what is already a slippery hold for child protectors. Stainton Rogers & Stainton Rogers (1992) express this directly,

> "...the model of the child as innocent can render the 'knowing' child as someone culpable within her own abuse..." (p185).

The result is that not only are children constructed as lacking agency and valued ideas, but, in addition, they are portrayed as asexual. From this position there is no need to talk to children about their attitudes and preferences, particularly on the topic of sexuality. Stainton Rogers & Stainton Rogers (1992) argue that from this position there is also no space to allow for a distinction between sexual activity between adults and children that involve rape, assault and terror, and instances where these violent experiences are not present. This brings us back to Levett's (1988) insight of how children, and adult 'survivors', may land up experiencing trauma through the reaction of other people rather than to the abuse itself.

In South Africa, black children have occupied a far from marginal role in the central struggle to liberate themselves, their families and communities from racial oppression and persecution (Dawes, 1994a). In this arena the falsehood implied in believing that children are impervious to adult practices and policies can be vividly observed. In the aftermath of this struggle and the victory of liberation, Burman predicts that the lasting effects of apartheid on families, tradition and psychological development implies a degree of transformation and disorganisation that will require children to

> "...work out their own destiny, values, and life style to an extent far greater than is usual in more settled societies." (1986: p6).

With the aim of offering children a way out of abusive environments and relationships, it is therefore of great importance to bear in mind the historical role they have played in addressing another form of oppression in this country. Their inclusion also serves to question the underlying assumptions that portray childhood as passive and peripheral, and therefore conducive to exploitation and abuse. Before reviewing research on disclosure, and in order to understand children's answers to questions about reporting abuse, we need to briefly consider what the current environment holds out to the South African child.

1.5 Growing up in South Africa: the mood, resources and challenges of a newly liberated nation

It is well known and understood that very different worlds exist side by side in South Africa, determined essentially along racial categorisation. The environment of a white, urban child is constituted and guaranteed long before she or he is born (Zille, 1986). So too for the black, rural child. In fact, the destiny of most South African children can be guessed fairly accurately based on knowledge of their race, gender and urbanisation, and the combination of these. While the situation shows a growing level of variation in urban centres, change drags its feet in more remote parts of South Africa, and areas that were formally homelands. The latter locations are the sites of poor or non-existent infrastructure, requiring development of services at many different levels of care and administration (Thomas, 1987). While the argument of involving children in decisions that concern them is important for all groups of children, no matter how privileged, the focus in this thesis concerns the more frequent experience of deprivation among South African children and informing

ourselves of their needs and views. This focus is particularly important alongside current state efforts to redress inequality by redistributing services.

Many black children in this country live with a high degree of stress resulting from disturbing levels of poverty, and criminal and domestic violence. These living conditions undermine the family as a source of support through alienation of traditional support networks, such as the extended family, whereby families are split up and the majority of adults are either engaged in work involving long hours away from home or coping with unemployment.

The broader social context mirrors this situation. Alternative child care, education, and primary and tertiary health services are beset with problems of insufficiency. These basic building blocks have been shown by various investigators to compromise children's physical and psychological development (Kvalsvig & Connolly, 1984; Richter, 1994; Dawes, 1994b; Thomas, 1987; and Molteno *et al*, 1986). Without them the prospects of rising out of this situation are slim.

If child abuse is added to the scenario, the child's encounter with the justice and mental health system reveals further problems. As reported earlier, very few cases of child abuse reach court and when they do an even smaller proportion conclude in a guilty finding and sentencing (Schurink, 1996). There is generally very little repercussion, in the form of either punishment or treatment, for perpetrators of child abuse (Zabow, 1996).

This has meant that for many children abused at home, the only way to offer them safety is removal from their families and placement in alternative care. This, unfortunately, is not a guarantee of safety, since removals do not result in opportunities for better living conditions. Nor does it guarantee psychological resolution for the child who must then deal with a lot more than the memories of the abuse. The situation with intrafamilial abuse is further complicated by the possibility of losing a source of income if the perpetrator is imprisoned or rejected by the family.

Where services are available to offer children therapeutic support, mental health professionals will, on the whole, experience many obstacles in their work in the form of the implications outlined above. Cooper (1989), in her study of people working in the area of child sexual abuse, reports experiences of contradictions, confusion and conflict in response to the legal system and their work with perpetrators. Klisser (1983), studying the same field through a survey involving representatives of professions and organisations, found that many respondents experienced problems in the management of child sexual abuse cases, and considered themselves emotionally unprepared and inadequately trained. His investigation into commonly used resources among this group, found that "self" was the most frequently cited source, with

schools, public prosecutors and private practitioners as the least subscribed to for help by the service providers.

As public awareness and preventative programmes increase on the topic of child abuse, it is expected that more children will present for help resulting in greater demands on the systems and services described (Argent *et al*, 1995). Our appeals and applications for state assistance in response to this anticipated demand, as well as our existing services, could be valuably informed through understanding what children believe and want in these situations. Support for this notion can be found in the much cited evidence pertaining to the relationship between disclosure and emotional consequences for the child. This is presented below in the final section of this review, along with relevant studies abroad and locally on the topic of disclosure.

1.6 Studies on Disclosing or Reporting Abuse

According to Hoefnagels & Baartman (1997) the importance of understanding disclosure is gaining acknowledgment among practitioners in view of the repeated finding that links keeping abuse secret with negative effects. They point out that disclosure serves preventative functions by marking the end of the abuse and the beginning of interventions, and by inhibiting or augmenting the development of negative consequences. Fontes (1993) notes the same implications and adds to this list the likelihood of preventing the abuser from victimising additional children.

However, it is not sufficient that we limit our efforts to extracting disclosures from children. The positive implications of reporting or disclosing abuse involve the child experiencing a supportive and caring response from whom ever they have chosen to talk to (Hoefnagels & Baartman, 1997). The details of what comprises such a response have largely been defined by practitioners and their assumptions about what children want and need. Few studies have systematically researched any aspects of this topic.

In Phelan's (1995) interviews with fathers and daughters on their perspectives of incest, many of the fathers remarked that they would have stopped incestuous activities if their daughters had revealed to anyone what was happening. While this can be understood as a way for the fathers to absolve themselves of responsibility for their actions, it is nevertheless important to establish what encourages or prevents children from disclosing abuse. In this study most of the children remained silent about the abuse until adolescence (Phelan, 1995).

Himelein & McElrath (1996), interviewing adult survivors of child sexual abuse, found that none of their sample disclosed the abuse while it was occurring. However, most of this sample remarked that an earlier disclosure would have been very beneficial. In their review of literature pertaining to disclosure rates, Bradley & Wood (1996) report that about 75% of sexually abused children originally deny abuse and that this figure also accounts for the rate of accidental disclosures. Results from their own study, involving the review of 249 case files of child abuse from the Department of Protective and Regulatory Services in El Paso, Texas, found that a very small percentage of children disclosed to authorities. However, in 72% of these cases, an immediate family member, friend or school official had been told at one time or another.

Comparative findings for physical abuse are unavailable, with literature focusing exclusively on sexual abuse (Hoefnagels & Baartman, 1997). There are no South African studies specifically on this topic, whether the abuse is sexual or physical. However, when it comes to explaining children's reluctance to disclose, examples of South African opinions cite closeness of a family, ignorance of children regarding their rights, fear of the perpetrator and the outcome of the case, and feelings of guilt and shame (Pienaar, 1996). Secrecy and the innate fear of family disintegration, whereby the secret, through intimidation, becomes "...both the source of fear and the promise of safety" (Sandler & Sepel, 1990:225) is offered as an explanation in the case of incest. Empirical efforts to explain this trend are again almost exclusively international.

Phelan's (1995) qualitative finding on the topic is that children experiencing incest begin to disclose with the onset of adolescence and their shifting orientation from the family to their peers. Hoefnagels & Baartman (1997) showed that the process of disclosure can be positively and directly influenced by mass media campaigns aimed at preventing and responding to child abuse. This involved a four-year longitudinal design in Netherlands, using calls to Child Line as a measure of the effectiveness of the campaign. Interestingly, the most frequent calls were silent ones. They explain this by arguing that

> "Their calls seem to be the ultimate solution between remaining silent and talking, between coming up to and actually crossing the threshold of disclosure." (Hoefnagels & Baartman, 1997: 569).

In evaluating their study they conclude that mass media communication can influence the process of disclosure, particularly when the disclosure is responded to positively. They concede that their study does not help to answer the question of which group of the abused population will never disclose their experiences. Their findings are also limited to contexts were technology is equally accessible and affordable.

The phenomenon of disclosure has also been studied through the lenses of an ecological model by Fontes (1993). She interviewed Puerto Rican women with a history of childhood sexual abuse and psychotherapists with experience treating this population. Using an ecological model she shows how "...numerous factors combine to make it difficult for all children to disclose sexual abuse." (Fontes, 1993: p22). Understanding these as layers of factors she analyses constraints to disclosure as comprising factors such as being non-verbal due to young age or developmental delay at the level of the **individual child**. Implied or overt threats are identified as characteristics of the **abusive situation** level, followed by quality of communication at the **family** level. Fontes (1993) regards these inner layers to have been well examined and focuses her attention at the levels of **ethnic culture** and the influence of the **wider society** to account for reluctance to disclose among Puerto Rican women. Through analysis of her interviews she shows how various systematic practices of minority oppression, such as discrimination, migration, poverty and lack of bilingual services, deter Puerto Rican children from disclosing abuse. This is further compounded by cultural factors such as child rearing ideologies that demand unquestioning obedience from children and virginity in girls and women. In this way she is able to give specific and practical recommendations for intervention that will encourage disclosure.

Finally, Bradley & Wood's (1996) quantitative investigation described earlier, supports the explanations that children retract their disclosures in response to pressure from adults and that denial of abuse is more likely if

the caregiver is unsupportive. Their findings, however, do not support the well-known and ascribed to explanation of disclosure as a quasi-developmental process that involves sequential stages of denial, reluctance, disclosure, recantation and reaffirmation (Sorenson & Snow, 1991 in Bradley & Wood, 1996). They draw attention to the need for research to study the underpinnings of disclosure further. Although they are hesitant to account for their findings, Jones (1996) commenting on their results highlights their finding that disclosure begins before there is contact with professionals. However, he agrees with Bradley & Wood's concluding sentiments on the topic, writing

> "...we simply do not have sufficient information to be categorical when answering the question 'how do children tell?'..." (1996: p880).

This study takes a few steps backwards to examine what children believe about disclosing abuse and their preferences as regards the outcome of such a decision, in order to bring us a few steps closer to understanding what would constitute a supportive and caring response for them.

1.7 Summary and Conclusions

The review of mainstream International and South African literature was found to be primarily concerned with detecting the extent of child abuse, measuring its effects, and treating its casualties. These trends were further found to be biased in favour of attending to the topic of sexual abuse and studying adult subjects in the form of offenders, adult survivors and service providers who deal with child abuse in their work. Evaluations of these trends and types of methodological practices, as outlined by post-modern and feminist practitioners reveals assumptions that perpetuate the conditions under which children are cast as helpless and without opinion.

The present investigation sought to include children, and therefore their opinions, of what they expect and prefer in relation to seeking help for abuse. The topic of disclosure was chosen in line with empirical findings that relate ameliorative effects for the child with disclosing to someone who responds with a supportive stance. The exact parameters of what is regarded to be a supportive response was investigated as opposed to assuming what this means for children.

While acknowledging the importance of listening to what all children think, regardless of class, gender or race, the present investigation chose to focus on children living in underprivileged and oppressive circumstances, given the possibility of redressing inequality in these areas through state efforts at service provision and therefore the opportunity to include children in the architecture of their futures. The distinction between sexual and physical abuse was not employed here, instead relying on what children determined to be wrong or hurtful. A focus on intrafamilial abuse, however, was chosen given the findings that in the majority of child abuse cases the offender is known to the child. A decision was also made to study children in the general population rather than a clinical population of children known to have been abused. This decision was made on the basis of findings that report and estimate such a high level of child abuse as to render distinctions between unabused and abused children as of little value.

CHAPTER 2: METHOD

2.1 Introduction and Context

The focus and context of this survey were chosen to inform the development of a psychological service for victims of child abuse and domestic violence. The project began operating in February 1994 in the Community Health Department of Cecilia Makiwane Hospital situated in Mdantsane, Eastern Cape. This represented the establishment of psychological services for the first time in the history of the area, serving an estimated population of 500 000 people (personal communication, Hon Dr Trudi Thomas). The study was conducted alongside another survey (referred to as the adjacent survey from here on) investigating domestic violence among adults carried out by Eric Harris. The selection and training of fieldworkers was shared between the surveys and largely co-ordinated by the aforementioned researcher. Information about the procedures and sampling presented here resemble these facets in Harris's work, and in places have been informed directly by this. A brief background to the context, Mdantsane and Nowawe, will be provided as well a general note about the population under investigation. This is followed by the procedure and summary of results of the pilot study that informed the survey. The method used to conduct the survey, as well as the limitations associated with this, will also be outlined in this chapter.

Mdantsane is a township located in the former Ciskei Homeland and at a distance of 15km from the city of East London. It is a peri-urban settlement divided geographically into Neighbourhood Units (NU). The units of interest to this study are NU1, NU9 and NU17. These units were chosen because they represent distinct socio-economic areas in the Mdantsane community and together constitute the urban sample. NU1 is the oldest and probably poorest area in the township. NU9 is a newer area also known as the 'Buffer Strip'. It consists of informal housing and families with a less homogenous distribution of income in comparison to the formal neighbouring units. NU17 is also of more recent origin but is distinct as being an affluent area, whose residents are mainly government employees and professionals (information about the neighbouring units was derived through personal communication with Cuma Mbande at AFRICON in East London). The rural sample was drawn from three villages in the Nowawe area, approximately 15km north of Mdantsane. The villages were chosen on the basis of their size (for the purpose of the adjacent surveys, 80-100 households were needed).

2.2 Population

Based on the statistical records of children seen at the Domestic Violence Project in 1994, children between the age of 6 and 16 were included in this study. While it is acknowledged that children younger than six years old, and particularly at a preverbal stage of development, are at least if not more at risk of being abused, the level of abstraction and communication needed in an interview format excluded them from the sample. With respect to adolescents over the age of 16, their exclusion from the sample was based on the reasoning that they are in a better position to get help by virtue of their greater mobility and access to information. Peer

support at this developmental stage is reported to be a primary locus of identity rather than authority figures for younger age groups (Holmes, 1991). However, this ceiling was later raised to include children up to the age of 18 where fieldworkers had exceeded the original limit on several occasions, perhaps reflecting sensitivity to the real limits of childhood in this community. Male and female children were included to investigate differences in responses between these groups. For similar reasons, children from a variety of economic living conditions were sampled in the survey.

2.3 Pilot Study

The pilot study was conducted at Cecilia Makiwane Hospital and involved semi-structured interviews with primary school-aged children.

2.3.1 Securing Permission for the study

Permission for the pilot study was obtained through Cecilia Makiwane Hospital's Ethics Committee following a written application to this forum which outlined the method and purpose of this preliminary investigation (see Appendix 1). The Hospital's Ethics Committee consented to the use of its outpatient premises for interviewing children and demonstrated an interest in the outcome of these results.

2.3.2 Sampling

Children with a parent or guardian who were attending an outpatient department at the hospital were approached for consent to participate in the study. Both children who had been brought to the hospital for medical treatment, as well as those children who were accompanying a patient, were included. Based on research investigating the epidemiology of child abuse, the evidence points to a lack of difference between abused and non-abused children with respect to frequency of interim illnesses (Elmer, 1980). This finding is of importance for establishing reliability where the intention was to interview children who represent the general population rather than a clinical population. With this in mind, the pilot study was conducted across a variety of departments to include acute and chronic conditions.

2.3.3 The Sample

A total of 28 children were interviewed and an equal number of male and female participants were included. The participants were spread across two groups. Group A were questioned in relation to the abuser being unspecified, whereas Group B were asked questions that specifically pertained to intrafamilial abuse.

Table 2.1 below summarises the main profile features of this sample

Table 2.1 Defining Characteristics of the Pilot sample

	[illegible]	[illegible]	[illegible]
[illegible]	17	11	28
[illegible]	F = 7 M = 10	F = 4 M = 7	F = 11 M = 17
[illegible]	$\bar{x}$ = 9.529 sd = 1.771	$\bar{x}$ = 9.727 sd = 1.954	$\bar{x}$ = 9.607 sd = 1.81

The sample was drawn from the following departments: Paediatric outpatient department (n=21), Eye clinic (n=5), Casualty (n=1), and Orthopaedic Department (n=1). In three cases the children interviewed were accompanying a relative with a medical complaint and in the remainder of cases the children were either receiving check-ups for ongoing medical conditions (n=12) or were presenting with a recent or acute medical complaint (n=13). In total, three of these children were at the hospital specifically for treatment of non-accidental injury in the form of sexual abuse. One of these children was unable to answer any of the questions or speak to the interviewer following her consent to participate.

2.3.4 Procedure

The pilot study was designed for the purpose of eliciting categories to be used in the survey for quantifying children's expectations, beliefs and preferences with respect to disclosing abuse. It also provided an opportunity for practising interviews with children, thereby informing the administration of the survey. The children were asked open-ended questions pertaining to their beliefs about the 'good' and 'bad' consequences of reporting abuse, and who they believed would support or oppose them in disclosing. The questions distinguished between physical and sexual abuse, and in the case of Group A and Group B between intrafamilial and extrafamilial abuse.

The questions were originally modelled on Ajzen and Fishbein's (1980) theory of reasoned action (see Appendix 1). All of these were later modified after initial administration showed a need for more simplified, unambiguous concepts, and the use of examples to enhance understanding of the questions (see Appendix 2).

The questions were translated into Xhosa by a trainee counsellor at the hospital's Domestic Violence Project. Her experience working as a translator for counselling abused children meant that she was familiar with the Xhosa concepts and expressions needed to convey and capture information in the survey. Her counselling training and experience in the field of abuse and communication with children, also qualified her to administer the interviews.

She was instructed to approach children and their guardians at the chosen locations in the hospital, and to follow a set of procedures encompassing an introduction of who she was, what the interview entailed (time, place, questions), confidentiality, and consent (see Appendix 3). In the case of hesitancy or uncertainty on the part of the guardians, they were offered an opportunity to view the questions. Consent was obtained from guardians in writing and from children verbally. This encompassed permission for the children to be interviewed in private, without anyone present besides the interviewer, and for the children's responses to remain confidential. She recorded the children's responses during the interview and was also responsible for explaining to them what the questions were for.

2.3.5 Analysis

The data collected in the interviews was translated into English by the interviewer and then subjected to content analysis to generate categories that were then compared for the independent variables of age, sex, and type of abuse.

2.3.6 Summary and Discussion of the Results

In the interests of space, the details of the pilot study results have been included in Appendix 4 and a brief overview of the main themes and how these have informed the survey are presented below. Since Group A in the pilot study was not questioned about intrafamilial abuse, attention is primarily given to the results of Group B, where this specification was central.

2.3.6.1 Positive outcomes of reporting abuse

Children's answers about what constitutes positive consequences for reporting either **physical** or **sexual abuse**, suggests an expectation or hope that the **abuser will be threatened or punished**. While female children, on the whole, had less to say in answer to these questions, they subscribed to this outcome with similar frequency to males. In the case of **physical abuse**, male and female children also identified **the removal of the abuser from home** as a good result of disclosure. Male children differed from females on the topic of **sexual abuse**, by listing **police involvement** and the likelihood of **a happier and safer situation** for themselves with more frequency, while female children were less convinced that any good consequences would follow disclosure of this type of abuse.

2.3.6.2 Negative outcomes of reporting abuse

Inspection of what the female children believed to be the poorer consequences of reporting **sexual abuse**, showed that, firstly, they responded with greater overall frequency to this section, suggesting more barriers to seeking help for this group, and, secondly, they anticipated the abuser to respond with **rejection, malice, bribery** and **increased abusiveness** towards them. The males differed with their responses to reporting **sexual abuse** in so far as they answered that the abuser would become **more aggressive and dangerous**. In the case of bad consequences resulting from disclosure of **physical abuse**, male and female children showed similar expectations of the abuser responding with **rejection and threatening behaviour** aimed at intimidating them. However, female children anticipated more **aggressive behaviour** by the abuser, similar to their belief that reporting sexual abuse would cause this to escalate. Females also expected to be **blamed** and undergo **emotional distress** if they reported **physical abuse**. In terms of age differences, younger children tended to emphasise the consequence of rejection while older children showed greater concern for their physical safety.

These findings on the outcome of reporting abuse point to distinctions between how the abuser will be treated, and what the child will experience. For the survey, it was decided to include measures of both these

outcomes. Questions about how the abuser will be treated were designed to investigate (i) whether children believed that abusive adults would be held accountable for their behaviour or not, and (ii) whether this accountability was expected to be enforced by formal authorities (Q9.1 in Appendix 9), suggesting an awareness that children have a societal right to care and safety, or from informal sources (Q9.2 in Appendix 9), such as the family, and therefore, whether children expect their families to outlaw abuse at home.

As regards the outcome for the child, questions were chosen to reflect the themes in the pilot study of losing the abuser's love (Q9.3 in Appendix 9) and being subjected to increased levels of abuse as a result of this disclosure (Q9.4 in Appendix 9). Questions about whether the children expected to be believed (Q9.5 in Appendix 9) and helped (Q9.6 in Appendix 9) if they reported abuse, were also included in the survey. It was reasoned that an expectation of not being believed would serve as a fundamental barrier to seeking help. Apart from whether children thought that someone else could help them, it was decided that open-ended questions of what kind of 'help' is wanted should be asked instead of assuming what this means.

2.3.6.3 Sources of encouragement for reporting abuse

In the case of **physical abuse**, children's responses about who would encourage them to report showed a generally reduced expectation of support from their environment compared to children answering this question where the abuser is not specified as a family member. Male and female children made equal mention of expecting their **peers** to be supportive. A trend towards females regarding **non-familial persons** as most supportive and males favouring a belief in **families** being supportive was found. Non-familial persons and peers were not included by any group in their list of supportive sources for the disclosure of **sexual abuse**. Instead, **family** and **self** were the only sources of support identified, with male children listing themselves as encouraging disclosure more often than females. Interestingly, service providers and fathers were excluded in the children's responses for both **physical** and **sexual abuse**.

2.3.6.4 Sources of discouragement for reporting abuse

When asked about who would discourage them from reporting abuse, the children named the **abuser and anyone associated with him/her** as likely to prevent them from reporting either **physical** or **sexual abuse**. An ambivalence about **peers** was demonstrated with some of the younger children listing them as likely to be discouraging of reporting **physical** or **sexual abuse**, where before in the previous section peers were identified as sources of encouragement. **Household members** and people in the **neighbourhood** were also included as potential barriers to disclosure for **physical abuse**.

To allow for more specificity in the survey, based on these findings where ambivalences and a range of different sources were identified, it was decided to include a list that distinguished between peers and siblings, mothers and fathers, parents and relatives, neighbours and a variety of service providers and

community members that the child would know of. Apart from retaining the question of whether the child could expect encouragement from these people to report, two additional questions were added in the survey distinguishing between who the child would choose to disclose to, and who they thought would be able to help them.

2.4 The Survey

2.4.1 Securing Permission for the Survey

In the case of the survey, permission was granted for interviewing children in their households through meetings and applications to the SANCO executive committee in Mdantsane, and the equivalent civics committee prevailing over the rural district of Nowawe. Permission from these forums was made contingent upon collaboration with and accountability to these committees with respect to the selection of local fieldworkers and the outcome of the survey.

2.4.2 Sampling

A sample of children from the general population of Mdantsane and Nowawe were chosen as the focus of this study rather than a clinical sample of known cases of child abuse. This was decided on the basis that a high proportion of children could be expected to be victims of abuse, or at risk of this, in any cross-section of the population based on the prevalence rates reviewed earlier, so that distinctions between non-abused and abused populations are difficult to define and control (Levett & MacLeod, 1991).

The survey drew its sample randomly from households in the targeted areas of Mdantsane and Nowawe. Fieldworkers were allocated streets and areas within which to administer questionnaires and provided with a map of the area. Each fieldworker was also guided in their sampling by a predetermined quota of children based on sex and age group. Initially target houses were marked on the map but this was found to be impractical as the maps were not sufficiently accurate. As a result, the fieldworkers sampled an area by choosing the third house from every corner and moving next door if there were no children that fitted the description of their target. In the case of the informal settlement, target households were chosen by entering the area, approaching the first dwelling and moving to adjacent dwellings if no appropriate target person was available. After a completed interview the field worker would stand in the doorway, locate the third doorway from where they stood and treat this as their next target. In the rural areas, where homes are not arranged along streets, the fieldworkers were instructed to begin their sampling by following the same procedure for the informal settlements, described above.

Validation of the sampling was achieved by running spot checks on approximately 10% of the surveyed residences in Mdantsane. This yielded a confirmation by an available household member of the field worker having conducted the questionnaire in 60% to 70% of the recorded households. In the case of the rural

villages, a local civics representative collected the questionnaires daily and personally verified the number and types of children surveyed.

2.4.3 The sample

A total of 500 children were surveyed. Eleven of these had to be disregarded because of faulty birthdate recordings, bringing the total of the sample to 489. While this represents the total number of questionnaires analysed in the study, as a result of incompletions to various questions, the total of the sample differs across variables by up to 9.

The sample is close to evenly distributed according to sex, with 234 males and 255 females (see Graph 2.1 in Appendix 6). The mean age, based on a sample of 488, is 12.780 with a sd = 2.530. The ages ranged between 5.856 and 17. 812 years old. Table 2.2 outlines the frequencies of age according to categories. This shows that the age groups older than 12 years have the highest frequency, while children younger than 8 constitute a much smaller portion of the sample (3.27%).

Table 2.2 Frequencies of Ages

	1	1	0.21%
	16	17	3.27%
	63	80	12.88%
	96	176	19.63%
	134	310	27.40%
	137	447	28.01%
	41	488	8.38%

For the purposes of analysing the data, age was grouped into two categories, namely Group 1 comprising children younger than thirteen and Group 2 including children between the ages of 13 and 18. Graph 2.2 in Appendix 7 depicts the differences between these groups and Table 2.3 summarises this information across the demographic variables of sex and area. Using Pearson Chi-Square to test whether the variable of age was independent of the variables of sex and area, an independent association was found with sex (χ_2=1.79 and p≥ 0.1812) and a significantly dependent association was found with where the child resided (χ_2=26.90 and p≤ 0.0001). The latter finding was further tested using residual analysis and showed that NU9 was distinct from the other areas by having more pre-adolescent children than adolescent ones (z=3.51 and Bonferroni-corrected $p \leq 0.00625$).

Table 2.3 Descriptive Statistics for Age According to the Total sample, Sex and Area.

	210	108	102	66	55	42	47	278	126	152	102	25	81	70
	42.9	22.1	20.9	13.5	11.3	8.6	9.6	56.9	25.8	31.1	20.9	5.1	16.6	14.3
	10.3	10.3	10.4	10.4	10.7	10.4	9.72	14.6	14.5	14.8	14.5	14.5	14.8	14.7
	1.49	1.55	1.42	1.44	1.41	1.32	1.63	1.32	1.33	1.30	1.28	1.09	1.47	1.23

*where Tot. = total sample; M = male; F = female; 1 = NU1; 9 = NU9; 17 = NU17; and R = Rural

Graph 2.3 in Appendix 8 depicts the samples for the four areas investigated in the survey. Table 2.4 summarises the distribution of the sample across sex and area, demonstrating the lowest frequency of questionnaires from the informal settlement, constituting 16% of the sample. No significant association was found between these two variables (χ_2=5.82 and p≥ 0.1203)

Table 2.4 Cross-tabulation of Area of Residence by Sex

	92	39	50	53	234
	77	41	73	64	255
	169	80	123	117	489

2.4.4 Procedure

2.4.4.1 The Questionnaire

The questionnaire was designed to measure the types of ideas and preferences that children hold about disclosing intrafamilial abuse. The focus on intrafamilial abuse was chosen in line with findings that suggest that in the majority of cases the perpetrators are known to their victims (Schurink, 1996). Furthermore, the instances of abuse involving family members or relatives is assumed to create barriers to disclosure, the nature of which is deemed of central importance to understanding where and how to intervene in these cases. Based on categories generated from the pilot study, the children were asked to choose how much the questions applied to them along a 4-point Likert scale, ranging between the response 'always' (rated '1') and 'never' (rated '4'). These closed-ended questions inquired about how they would react to being abused by a family member (see question 8 in Appendix 9) and what they thought would follow a disclosure of the abuse (see question 9 in Appendix 9). An open-ended question was included as to what they would want someone to do if they disclosed abuse to them (question 9.7) and what they would not want that person to do (question 9.8).

Investigation was also made into the children's beliefs which distinguished between who would encourage them to disclose, who could help them, and who they would choose to disclose to (see question 10 in Appendix 9).

The term 'abuse' was operationalised as 'being badly hurt' with the purpose of leaving it up to the individual child to decide what is hurtful, traumatic and therefore abusive in their experience. In this way the term does not distinguish between the different types of abuse but rather gives weight to the child's evaluation of what is wrong or bad. This definition was employed in line with Levett's (1994) deconstruction of the medicalisation and diagnosis of abuse based on eurocentric standards, whereby this label blurs from view the individual differences in defining and understanding this experience, with the danger of creating trauma where there is none and missing trauma where it is not expected. In this way, the presence of physical or sexual abuse could be covered without making a distinction between them. While it can be argued that there are different implications depending on the type of abuse, Hoefnagels & Baartman (1997) direct attention to the way similar feelings of shame, self doubt and guilt can be experienced in response to both physical and sexual abuse and therefore, their disclosure.

The operationalisation of the concept of 'intrafamilial' was treated similarly to that of 'trauma', with the child being left to decide who would be included in such a definition and thereby also acknowledging differences in what constitutes family for different groups of people and between individuals. Children were asked about their subjective experience of 'safety' across a variety of situations (see question 7 in Appendix 9). Their experience of safety at home and walking about in the neighbourhood was selected to be of interest to this dissertation. Questions were also included in the survey to offer an indication of psychological well-being and functioning. These included: symptoms of anxiety; sickliness, anti-social and aggressive behaviour; substance use; pregnancy and teenage parenthood; and sociability. This dissertation has limited its focus to some of these variables, in particular, sociability and indicators of high risk behaviour.

Demographic information detailing the types of households lived in and the whereabouts of the child's biological parents were obtained. Information was also collected about the child's schooling. These details along with the questions about sociability and behaviour were included to obtain a description of the sample and a means of comparison with samples from other studies.

Children younger than 12 years of age were interviewed with a guardian for the first part of the survey regarding demographic and health-related information. The remaining questions were asked privately. All children were granted choice to participate in the survey and to withdraw at any stage if they wished to. Their parents or guardians were also approached for consent.

In questions 7 to 9 where the child was asked to choose how relevant a statement was to them, children under the age of 12 were assisted in this with a pictorial representation of the measured relevance. For question 7, the degree of safety and protection was pictorially operationalised in the form of faces with very happy to very sad expressions (see Appendix 5). Where the quantities of 'always, sometimes, hardly ever and never' applied, a building at night with different quantities of lit windows was used to represent these graded terms (see Appendix 5).

The instructions for the field workers, containing the questions of the survey, were translated into Xhosa by a first-language speaker with a teaching qualification and Masters in linguistics. The material was then informally back translated by the nursing staff and fieldworkers, and where changes were made these were generally to reduce the formality of expressions used.

2.4.4.2 Administration of the Questionnaire

Fieldworkers were recommended by the local civic committees, and were interviewed and selected on the basis of being literate, bilingual in Xhosa and English, their interpersonal manner and their understanding of the survey procedure. Experience with market research, voter education and voter registration was a strong recommendation, and in fact, many of the fieldworkers had participated in at least one form of door-to-door canvassing (usually voter education). Five men and twelve women were employed in Mdantsane. In Nowawe, 3 women were employed to conduct the survey.

The urban training extended over a period of 18 sessions between 2 and 4 hours in duration, during which the fieldworkers were prepared to administer both this survey as well as the adjacent survey on domestic violence, using the same sampling procedures. The rural training lasted 4 sessions in response to faster learning and less mistakes made by these field workers. The questionnaire and its administration was explained and discussed in detail. The fieldworkers practised the questionnaire through repeated role-plays while being observed by the rest of the group. They were also required to administer the questionnaire a number of times during the training. These were scrutinised by the researcher and any problems were then discussed and role-played during the training sessions. Once efficiency and familiarity with the questionnaire was achieved, each fieldworker was given thirty questionnaires to conduct and contracted to be paid for every completed interview. They were in addition supplied with a detailed written manual of how to establish contact with child subjects and administer the questionnaire to them (see Appendix 10), and daily contact with the co-ordinator when they handed in their completed questionnaires.

Each questionnaire was administered in 15 to 30 minutes. The entire survey was completed in three weeks during the June school holidays in 1995. All children were given a pamphlet created by the Domestic Violence Project, outlining its services for children and information about where the project was located.

2.4.5 Analysis

The results of the research were analysed by means of descriptive statistics for the total sample, and inferential statistics where the data was examined for relationships and differences according to the variables of age, sex, and where the children lived. The major portion of the data was comprised of categorical data. This was described in terms of frequency tabulations and percentages for the total sample, and was tested using Pearson Chi-Square where the association between variables was investigated. Correlations were also calculated for binomial categorical data using Phi (ϕ). *Post-hoc* analysis of categorical data was carried out using residual analysis. This procedure along with the corrected p level is explained and illustrated in the results (page 31). ANOVA tests were run on ranked data, where children had been asked to quantify their beliefs, expectations and experiences. *Post-hoc* analysis of this data was carried out using the Newman-Keuls procedure at $p< 0.05$.

2.5 Problems and Limitations

This study is limited through its cross-sectional design which does not allow for prediction of changes over time. The findings can therefore only inform us of children's current ideas and preferences. This descriptive format also means that measures of causality and inferences are not possible, and in this way the study does not add to our theory of how children think or act. While the value of predicting these is not disputed, the intention of this study is argued to be specifically about raising awareness of children's opinions about issues that concern them, and the importance and possibility of including them in this way.

At the level of method, two broad problems are recognised with implications for validity. Firstly, demand characteristics associated with children being asked questions by adults, particularly where the topic covers deviant behaviour and disclosing personal/intimate information about family. Reynolds (1986), in her interviews with children from Crossroads about their families, found that there was a tendency to portray both self and family as ideal, free of conflict and deviance. This is likely to be a response, similar to that described with adult subjects, where there is a strong motivation to be accepted by the researcher or even to avoid real or imagined punishment and/or rejection. Secondly, developmental cognitive capacities may have rendered answers that involved comprehension of time and duration inaccurate in younger children who have yet to consolidate these capacities. These cognitive considerations may have also implicated understanding of consequences of behaviour. However, an argument could be made that children who are abused will rely on these same cognitive capacities with which to make sense of and react to their experience.

Another limitation involves the sampling used in the survey, which relied on questioning children in their homes. Although the survey was specifically carried out during the school holidays, the sample may be biased in so far as it excludes those children who do not spend much time at home. This has implications for the sample's generalisability, since it could be argued that children away from home possibly represent a more

independent, resilient group or, alternatively, are more in need of avoiding home and family. Either way, these could change the patterns found with respect to ideas about being hurt and seeking help.

The problems associated with translation, involving power and role ambiguity, as well as threats to ecological validity (Drennan, 1992), are applicable. Finally, even with careful training, monitoring and mechanisms of accountability, the possibility still exists that the fieldworkers may have influenced the responses given by the children instead of remaining impartial. This is likely where personal investments in portraying local families as stable and conflict-free exist. Another factor could be a customary attitude towards children that devalues their intelligence or status, thereby entitling adults to speak for children or influence what they say.

CHAPTER 3 : RESULTS AND DISCUSSION

The results of demographic data and responses to intended behaviour and preferred outcomes of reporting intrafamilial abuse are presented in this section. Trends for the total sample will be introduced, followed by findings pertaining to distinct groupings of area, sex and age. While the total sample size for the survey is 489 children, this figure varies by up to 9 due to omitted answers to some of the questions. The percentages and tests presented are therefore calculated on the sample size for each question, with a minimum of 480 as the total. Sections of the data have been excluded from analysis for the purposes of this dissertation, where it was decided that this was not of immediate relevance to determining ideas about disclosing abuse.

3.1 Demographic Patterns

The sample, already introduced in chapter 2, is described here along the lines of (i) residence and socio-economic indicators, (ii) schooling and health, (iii) indicators of social support and behaviour, and (iv) high risk behaviour.

3.1.1 Residence and Socio-economic Indicators

The majority of the sample reported living in households comprising two generations (78.93%), and a total of between 3 to 5 household members (64.4%), while families with three generations and seven or more residents were represented by a fifth of the sample. Only three children named a nonfamilial resident when asked to list everyone they lived with. 52.55% of the sample reported having lived at their current residence for six or more years, while 15,33% had stayed for less than two years in their home. The breakdown for figures of employment show that in 32.10% of homes surveyed, no-one was employed. One person per household was employed in 40.89% of the sample, while two or more people had jobs in 26.99% of homes.
As regards residing with parents, 21.26% of the children surveyed reported living apart from their mother, and 49.89% reported living apart from their fathers. In 16.97% of the sample, children reported living without both their parents and instead in the care of their relatives.

3.1.2 Schooling and Health

Of the total sample, 11 children reported not attending school. 10 of these children reported being unemployed and no response was recorded for one child. The highest standards obtained for these unemployed school-leavers ranged between Std 2 and matric. The remaining children ranged between Sub A and matric, with the frequencies for each standard presented below in Table 3.1. A division of these frequencies into elementary/junior primary (Sub A-Std 3: 37.9%), senior primary (Std 4 and 5 : 26.58%) and high school (Std 6-Std 10 : 33.72%), shows slightly uneven groupings in which primary school children are most represented.

Table 3.1 Frequencies and Percentages of Children from Sub A to Std 8+

Standard	A	1	2	3	4	5	6	7	8+
n	39	42	50	51	63	67	71	46	48
% of Total	7.97	8.58	10.22	10.42	12.88	13.70	14.51	9.40	9.81

32.10 % of the total sample had failed one year at school, with the highest percentage occurring with elementary (Sub A and Sub B = 38.2%) and junior primary (Std 1-3 = 36.30%) levels, and tapering off in higher standards. 12.06% of the sample failed a second time, 3.06% failed a third year and 6 children were recorded as having failed four times at school.

In terms of health, 10.45% of the sample reported suffering from chronic ailments and 29.65% had been hospitalised at least once in their lifetimes. The majority of hospitalisations were for systemic illnesses, infections, accidents and respiratory diseases. 12 children had been hospitalised twice and 3 children were hospitalised a third time. One child reported physical abuse as a chronic ailment. The majority of children with chronic conditions selected hospital and clinic based interventions (74%) over and above traditional treatments (2%), and 18% elected no treatment at all.

3.1.3 Social support and behaviour

The majority of the sample (92.32%) responded to the question about how many friends they had at school or work, with the answer of 'a few' or 'many'. Slightly less children (85.68%) reported similar quantities of friendships in their neighbourhoods. Just under half the sample (46.72%) reported at least one membership of a social group, such as sport, art or political. Affiliation to a religious group was reported by 80.16% of the sample. Given the choice of who they would prefer to spend any free time they had with, 40.97% of the children selected a friend, 36.19% a family member, 4.49% their own company, and 2.24% chose a non-platonic friend.

3.1.4 High Risk Behaviour

Of the sample, 11 were recorded as having offspring and 4 females reported additional pregnancies that had not been carried to term. The mean age of their offspring was 4.62 years at the time of the survey and friends (n=3), relatives (n=1), a parent (n=1) and other (n=4) were identified as the offspring's other parent. A very small percentage of the sample admitted to use of any substances, as presented in Table 3.2. With regards breaking the law, 8 children reported such involvement, including theft, rape and assault. The children ranged in age between 10 and 16 years old at the time of the crimes. Three out of the six children who provided details about their misdemeanors, reported that they had been charged and tried in court with the consequence of a guilty finding for three out of the five cases, and a warning for all the children involved.

Table 3.2 **Frequencies and Percentages of Children Using Substances Per Average Week**

Substance	Beer	Wine	Spirits	Cigarette	Dagga	Mandrax	Glue
	30	9	1	26	1	1	1
%	6.11	1.83	0.002	5.31	0.002	0.002	0.002

3.1.5 Analysis of demographics according to area, sex and age

Table 3.3 presents the Pearson Chi-Square (χ_2) results of data pertaining to residence and socio-economic indicators. Results of statistical significance are depicted in bold font. On the basis of these results, no association was found between the seven household classificatory variables and whether the child was male or female. A significant association was found between age group and two of the variables, namely residential duration and number of employed individuals per household. Residual analysis[1] (Hays, 1991:856-861) of these significant findings only confirmed that older children had been living for longer periods at their current residence (z=2.49 Bonferroni-corrected[2] $p \leq 0.0083$), as would be expected. Chi-square results of the association between area and the household classificatory variables were found to be significant for almost all of them, suggesting dependence between what area the children live in and their living conditions. Residual analysis of these findings showed that children from Nowawe come from more households made up of three generations (z= 4.30 Bonferroni-corrected $p \leq$ =0.00625), have fewer mothers residing at home (z=2.72 Bonferroni-corrected $p \leq$ 0.00625), more often live without both parents (z=5.417 Bonferroni-corrected $p \leq 0.00625$), and have lived longer at their current residence (z=3.79 Bonferroni-corrected $p \leq$ 0.00416). More children in the informal settlement (NU9) were found to be living with their mothers (z=2.67 Bonferroni-corrected $p \leq$ 0.00625) and had lived in their homes for less than two years (z=5.99 Bonferroni-corrected $p \leq$ 0.00416), while children from NU17 were found to have fewer households where no-one was employed (z=2.942 Bonferroni-corrected $p \leq$ 0.00416).

[1] **Residual analysis is a statistical method for judging *post-hoc* significance of association in one or more cells of a two-dimensional contingency table. This involves the location of cells with large departures from expectation in both negative and positive directions. The size of these standardised residuals indicates which cells carry the heaviest share in the association reflected by the overall chi-square value. The Pearson chi-square test is equal to the sum of the squares of these standardised residual values.**

[2] **The Bonferroni procedure corrects p in order to minimise the number of Type I errors likely to arise from *post-hoc* testing of the results. It is calculated by dividing the chosen familywise error rate by the product of the number of columns and rows in the contingency table under investigation (Hays, 1991:860). For example, in the residual analysis of age and residential duration, the familywise error rate was set at $\alpha FW = 0.05$ and the product of rows and columns is 6. This gives a total of $\alpha BPC = 0.0083$.**

Table 3.3 Chi-square Results of Household Classificatory Variables according to Area, Sex and Age

Classificatory Variables	Area			Sex			Age		
	χ^2	df	p<	χ^2	df	p<	χ^2	df	p≤
[illegible]	**35.24**	**3**	**0.00001**	1.94	1	0.16271	0.87	1	0.76679
total [illegible]	14.68	12	0.25918	9.06	4	0.05944	4.61	4	0.32962
residential [illegible]	**140.67**	**6**	**0.00001**	3.34	2	0.18768	**29.23**	**2**	**0.00001**
employ[illegible]	**65.45**	**6**	**0.00001**	2.147	2	0.34171	**6.13**	**2**	**0.04660**
mother absent	**48.53**	**3**	**0.00001**	2.24	1	0.13441	2.99	1	0.08344
father absent	7.55	3	0.05630	2.51	1	0.11272	2.70	1	0.09985
mother and father [illegible]	**47.22**	**3**	**0.00001**	1.29	1	0.25527	0.43	1	0.50729

Table 3.4 presents the statistical findings of schooling and health classificatory variables. Hospitalisation and chronic ailments were found to be unrelated to where the children lived, how old they were and whether they were male or female. The children's level of schooling was found to be associated with their sex, and more expectedly, their age, with residual analysis yielding no significant findings on the nature of these associations at Bonferroni-corrected $p \leq 0.0027$. Area and age were found to be significantly associated with standards failed at school. Using residual analysis, pre-adolescent children were found to fail more in elementary standards ($z=3.076$ Bonferroni-corrected $p \leq 0.0083$), while no significant results were obtained through this analysis for area at Bonferroni-corrected $p \leq 0.0041$.

Table 3.4 Chi-square Results for School and Health Classificatory Variables According to Area, Sex and Age

Classificatory Variables	Area			Sex			Age		
	χ^2	df	p<	χ^2	df	p<	χ^2	df	p≤
[illegible]	*33.46	24	0.09469	**24.34**	**8**	**0.00202**	***240.86**	**8**	**0.00001**
Fai[illegible]	**13.94**	**6**	**0.03029**	2.67	2	0.26214	24.48	2	0.00001
Chron[illegible]	6.26	3	0.09945	3.65	1	0.05590	0.07	1	0.79084
Hospitali[illegible]	1.32	3	0.72225	1.71	1	0.18992	0.07	1	0.77980

* one or more cells in these tables have observed frequencies < 5

Table 3.5 contains the statistical results of social support and behaviour classificatory variables. Sex and age were both found to be associated with one of the variables describing sociability, namely group membership. Residual analysis of these associations revealed that pre-adolescent children belong to groups less ($z=2.351$ Bonferroni-corrected $p \leq 0.0125$) while no significant differences were found for sex at Bonferroni-corrected $p \leq 0.0125$. Religious affiliation was found to be independent of area, sex and age. However, availability of friendships at school, work or in the neighbourhood; group membership; and preferences about who to spend free time with, were all found to be significantly dependent on where the child lived. Residual analysis of these results showed no significant findings for availability of friends at school (Bonferroni-corrected $p \geq 0.00416$) or free time (Bonferroni-corrected $p \geq 0.003125$). Significant findings were established in the case of availability of friends in the neighbourhood with children from Nowawe having 'many' friendships

(z=3.166 Bonferroni-corrected $p \leq 0.00416$). Residual analysis of group membership also showed that more children from NU1 belonged to a group (z=3.605 Bonferroni-corrected $p \leq 3.605$) while few children living in the informal settlement were members of a group (z=4.346 Bonferroni-corrected $p \leq 0.00625$).

Table 3.5 Chi-square Results for Social Classificatory Variables According to Area, Sex and Age

Classificatory Variables	Area			Sex			Age		
	χ^2	df	p<	χ^2	df	p<	χ^2	df	p<
I	***24.95**	**6**	**0.00036**	5.42	2	0.06632	0.47	2	0.79013
Fri	**37.91**	**6**	**0.00001**	5.18	2	0.07501	2.92	2	0.23114
Memb	**73.39**	**3**	**0.00001**	4.86	1	0.02746	**18.27**	**1**	**0.00003**
Religious	4.46	3	0.21504	1.60	1	0.20503	0.003	1	0.95284
Free Time	***40.04**	**9**	**0.00002**	5.90	3	0.11616	1.00	3	0.79999

* one or more cells in these tables have observed frequencies < 5

As regards the variables of high risk behaviour, the small sample sizes rendered statistical testing unwarranted

3.2 *Expectations, Preferences and Experiences relating to Safety and Disclosing Abuse*

The results of question 7, 8, 9 and 10 are presented along with interpretation of these findings in the following section.

3.2.1 Question 7 : Experience of safety at home and in the neighbourhood

82.61% of the total sample reported that they **always** felt safe at home, while only 3.47% of the sample indicated that they **hardly ever** or **never** felt safe at home. In response to the question about whether the children in the survey felt safe when walking in their neighbourhood, slightly fewer responded that they **always** felt safe (73.01%) and virtually the same number reported to **hardly ever** or **never** feel safe (4.08%) in comparison to the results about safety at home.

Table 3.6 summarises the ANOVA results for these two questions across the categories of area, sex and age. Children's experience of safety at home or in their neighbourhood was not found to differ according to their age group. As regards feeling safe at home, this experience was found to vary significantly according to where the children lived, with children from NU1 statistically distinct from all the other areas based on the Newman-Keuls procedure[3] ($p< 0.05$), whereby they tended to report only sometimes feeling safe at home more frequently than the other groups. Whether children felt safe in their neighbourhoods was found to differ significantly only according to their sex, with female children reporting higher levels of safety than males. However, attention should be drawn to the low η^2 levels of 0.004 and 0.002 for each of these respective

[3] **The Newman-Keul's procedure has been used for post-hoc testing wherever significant ANOVA results were found, at $p<0.05$ level.**

significant findings, suggesting that only between 2% and 4% of the variance between the groups of area or sex can be attributed to non-random difference.

Table 3.6 ANOVA Results for Experience of Safety Variables According to Area, Sex and Age

Ind. var.	F	MS error	df	p<	η2	Means and (Standard deviations)							
Question 7.2 While walking home, do you feel protected and safe?													
Area	6.19	0.31	3,481	0.0040	0.04	**NU1** 1.34	(0.71)	**NU9** 1.12	(0.33)	**NU17** 1.08	(0.35)	**Rural** 1.25	(0.59)
Sex	0.38	0.32	1,483	0.5383	0.001	**Male** 1.23	(0.53)			**Female** 1.20	(0.59)		
Age	1.25	0.32	1,482	0.2635	0.002	**Pre-adolescent** 1.18	(0.45)			**Adolescent** 1.23	(0.62)		
Question 7.3 While walking home, do you feel protected and safe?													
Area	1.51	0.41	3,485	0.2112	0.01	**NU1** 1.39	(0.72)	**NU9** 1.38	(0.68)	**NU17** 1.24	(0.54)	**Rural** 1.34	(0.57)
Sex	8.10	0.41	1,487	0.0047	0.02	**Male** 1.42	(0.70)			**Female** 1.26	(0.57)		
Age	0.01	0.40	1,486	0.9670	0.00	**Pre-adolescent** 1.33	(0.64)			**Adolescent** 1.33	(0.63)		

3.2.2 Question 8 : Intended responses to being abused by a family member

Question 8 is made up of six closed-ended potential responses to being abused, with a measure of **always**, **sometimes**, **hardly ever** and **never** for each. The results of these questions are presented for two potential responses at a time to assist with readability of the information.

The first category, namely disclosing the abuse to a trusted person, was selected as an option that children would **always** take by 69.32% of the sample. 18.40% answered that they would **sometimes** disclose the abuse and 12.26% said they would either **hardly ever** or **never** choose such a course of action.

Choosing to run away from home was selected by 22.29% of the sample as a response they would **always** or **sometimes** carry out. However, the largest proportion of the sample (75.46%) answered that they would **never** run away from home.

Inspection of whether these choices differed according to area, sex and age were tested using ANOVA and the findings are summarised in Table 3.7. Whether children were male or female, their responses to intending to disclose abuse or to run away from home did not differ significantly from each other. However, the choice to disclose abuse was found to significantly vary depending on where the children lived and their age group. Responses from children living in NU1 were found to be significantly less inclined to disclose the abuse in comparison to children from NU9 and NU17. Children from Nowawe showed no significant difference from their peers in NU1, and were, therefore, also significantly distinct from the other two areas on the basis of choosing to disclose abuse. Adolescent children were also found to be statistically less inclined to disclose

abuse to anyone compared to the pre-adolescent group. Attention is, however, again drawn to the small η^2 size, which can attribute non-random variation for up to only 3% of the differences found.

Differences between children's responses to the second category, namely running away from home, were found to be significant on the basis of area only, with children from NU1 found to be significantly more inclined to run away than children from any of the other three areas. The η^2 value in this case was somewhat higher at 11%.

Table 3.7 ANOVA Results for Variables of Intended Responses to Abuse According to Area, Sex and Age

Ind. var.	F	MS error	df	p<	η^2	Means and (Standard deviations)							
Question 8.1 Tell someone you trust about what happened													
Area	**7.46**	0.87	3,485	0.0008	0.04	**NU1** 1.68	(0.99)	**NU9** 1.27	(0.71)	**NU17** 1.30	(0.81)	**Rural** 1.71	(1.08)
Sex	0.19	0.91	1,487	0.6633	0.00	**Male** 1.55		(0.98)		**Female** 1.51		(0.93)	
Age	**12.9**	0.88	1,486	0.0004	0.03	**Pre-adolescent** 1.35		(0.81)		**Adolescent** 1.66		(1.03)	
Question 8.2 Run away from home													
Area	**17.4**	0.96	3,484	0.0001	0.10	**NU1** 3.10	(1.22)	**NU9** 3.77	(0.75)	**NU17** 3.83	(0.64)	Rural 3.28	(1.02)
Sex	0.18	1.06	1,486	0.6682	0.00	**Male** 3.46		(1.05)		**Female** 3.42		(1.01)	
Age	3.36	1.04	1,485	0.0673	0.01	**Pre-adolescent** 3.54		(0.97)		**Adolescent** 3.37		(1.06)	

More than half of the sample (58.49%) answered that they would **always** or **sometimes** report to the police if they had been abused by a family member. The remainder (41.50%) responded that they would **hardly ever** or **never** do this. Given the choice of responding to abuse by being very careful not to make the abuser angry in the future, 57.67% answered that they would **always** try this, 24.74% would **sometimes** choose this course of action, and 16.57% said they would either **hardly ever** or **never** attempt this.

These results were tested for differences associated with area, sex and age, as summarised in Table 3.8. Both questions were found to have no significant differences with respect to age, and in the case of trying to keep the abuser from becoming angry, whether the child was male or female was found to have no difference on the results. Male and females were, however, found to differ significantly with respect to whether they would report the abuse to the police, with female children found to be more significantly inclined to involve the police than male children. On the index of area, children's choices were found to differ significantly both with respect to informing the police as well as preventing the abuser from getting angry. Children in NU1 were again found to be significantly different to children from all three other areas by being more inclined to involve the police. A significant difference was found between children from Nowawe and all the other areas as the group least likely to respond to abuse by appeasing the abuser, while children from NU17 differed

significantly from children in NU1 in terms of being more inclined to spend effort on appeasing the abuser. While the η2 values for significant results in the question pertaining to reporting the abuser to the police range between 1%-5%, in the case of the significant differences between areas on the topic of appeasing the abuser, the η2 is 11% suggesting greater effect with this finding.

Table 3.8 **ANOVA Results for Variables of Intended Responses to Abuse According to Area, Sex and Age. Continued**

Ind. var.	F	MS error	df	p<	η2	Means and (Standard deviations)			
Question 8.3 Report that person to the police									
Area	9.02	1.56	3,485	0.0001	0.05	**NU1** 2.08 (1.22)	**NU9** 2.62 (1.31)	**NU17** 2.56 (1.37)	**Rural** 2.81 (1.11)
Sex	4.07	1.62	1,487	0.0442	0.01	**Male** 2.58 (1.32)		**Female** 2.35 (1.23)	
Age	0.01	1.64	1,486	0.9043	0.00	**Pre-adolescent** 2.45 (1.30)		**Adolescent** 2.47 (1.27)	
Question 8.4 Be very careful not to make that person angry again									
Area	39.7	0.82	3,480	0.0001	0.20	**NU1** 1.65 (1.02)	**NU9** 1.44 (0.83)	**NU17** 1.22 (0.65)	**Rural** 2.44 (1.01)
Sex	0.01	1.02	1,482	0.9478	0.00	**Male** 1.70 (1.01)		**Female** 1.69 (1.01)	
Age	2.16	1.02	1,481	0.1425	0.00	**Pre-adolescent** 1.62 (0.98)		**Adolescent** 1.76 (1.03)	

Deciding to keep the abuse secret was selected 31.08% of the time as an option that would **always** or **sometimes** be carried out. The more frequent choice was to **hardly ever** or **never** keep this secret by 68.71% of the sample. 74.85% of children in the survey said they would **always** pray for abuse to stop in the event that this happened to them, while 9.61% of the sample said they would **hardly ever** or **never** respond in this way.

Table 3.9 presents the ANOVA results of these two questions, where differences on the basis of area, sex and age are tested. The children's decisions whether to keep the abuse secret or pray for it to be prevented from happening again were not found to differ significantly according to either their age group or sex. Where they lived, however, was found to be of significant importance for both these questions. In the case of keeping a secret about the abuse, children from NU9 were found to be significantly different to children from the other areas, by being less inclined to keep a secret about being abused, while children in NU1 differed significantly from children in NU17 too, by being more in favour of responding to abuse with secrecy. On the topic of seeking help through religious practices, children from Nowawe and from NU1 were found to differ significantly from children in NU9 and NU17, by being less inclined to seek help in this way. Low η2 values, of 7% and 8% respectively were calculated for determining the effect of these significant findings.

Table 3.9 **ANOVA Results for Variables of Intended Responses to Abuse According to Area, Sex and Age, Continued**

Ind. var.	F	MS error	df	p<	η2	Means and (Standard deviations)							
Area	11.9	1.26	3,484	0.0001	0.07	NU1 2.88	(1.25)	NU9 3.74	(0.74)	NU17 3.39	(1.11)	Rural 3.17	(1.14)
Sex	0.28	1.34	1,486	0.5987	0.00	Male 3.25		(1.15)		Female 3.19		(1.16)	
Age	0.55	1.33	1,485	0.4584	0.00	Pre-adolescent 3.27		(1.14)		Adolescent 3.19		(1.17)	
Question 8.6 Pray that it will not happen again													
Area	13.4	0.68	3,483	0.0001	0.08	NU1 1.53	(1.01)	NU9 1.21	(0.57)	NU17 1.10	(0.38)	Rural 1.70	(1.00)
Sex	2.20	0.73	1,485	0.1390	0.00	Male 1.47		(0.92)		Female 1.36		(0.79)	
Age	0.68	0.74	1,484	0.4094	0.00	Pre-adolescent 1.38		(0.80)		Adolescent 1.44		(0.90)	

3.2.3 Question 9: Expectations about the consequences of reporting intrafamilial abuse

33.95% of the total sample expected that the abuser would **always** be arrested if the abuse was disclosed. 26.58% believed that this would **sometimes** be the outcome, while 39.47% thought that this would **hardly ever** or **never** occur. The likelihood that disclosing abuse would lead to the abuser being chased away from home was expected by 41.92% of the sample to **always** or **sometimes** occur, while 51.94% were certain this would **never** happen.

Analysis of these expected outcomes according to where the children lived, their sex and age, is presented in Table 3.10. Children's age was found to have no significant influence on what they believed about the abuser being arrested or chased away. These variables were however both found to vary significantly on the basis of area and sex, although the η2 values are small, ranging between 2% and 5%. In terms of expecting the abuser to be arrested, male children were more skeptical that this would occur as a result of disclosing abuse than females, and children from NU1 and NU17 were found to differ significantly from children living in NU9 and Nowawe demonstrating more faith in the possibility that the abuser would be arrested. The outcome of the abuser being chased away following disclosure was believed to be significantly more of a possibility for female than male children, and for children living in NU1 as compared to the other areas.

Table 3.10 **ANOVA Results for Variables of Expected Consequences of Reporting Abuse According to Area, Sex and Age**

Ind. var.	F	MS error	df	p<	η2	Means and (Standard deviations)							
Area	6.78	1.55	3,485	0.0018	0.04	**NU1** 2.11	(1.22)	**NU9** 2.66	(1.33)	**NU17** 2.31	(1.33)	**Rural** 2.70	(1.11)
Sex	9.69	1.58	1,487	0.0020	0.02	**Male** 2.58	(1.32)			**Female** 2.22	(1.20)		
Age	0.01	1.61	1,486	0.9704	0.00	**Pre-adolescent** 2.40	(1.31)			**Adolescent** 2.39	(1.24)		
Question 9.2 The person who hurt you will be chased away													
Area	8.29	1.48	3,485	0.0003	0.05	**NU1** 2.54	(1.22)	**NU9** 3.25	(1.22)	**NU17** 2.92	(1.34)	**Rural** 3.11	(1.07)
Sex	9.43	1.52	1,487	0.0226	0.02	**Male** 3.07	(1.22)			**Female** 2.72	(1.25)		
Age	1.49	1.55	1,486	0.2231	0.00	**Pre-adolescent** 2.81	(1.31)			**Adolescent** 2.95	(1.19)		

The outcome of disclosure resulting in the abuser hating the child, was expected to **always** be the case for 20.25% of the sample, and **sometimes** the case for 36.40%. 38.34% of the children reported expectations that the abuser would **never** feel this way. The possibility that the abuser would be incited to repeat the abuse if the child disclosed was expected to **always** or **sometimes** be the case for almost half the sample (49.28%), and **never** for 45.60% of the sample.

Table 3.11 summarises the ANOVA results for these two variables according to area, sex and age. Age is again found to have no significant influence on beliefs about whether disclosing abuse would result in either the abuser hating the child or increased threat of being abused again. These outcomes were, however, found to differ significantly depending on where the children lived and if they were male or female, although as before the η2 values for these findings are low. The likelihood of disclosure resulting in the abuser hating the child was found to be significantly more believed by female than male children, and by children from NU1 as compared to the other areas. As regards the outcome of the increased chance of being abused again following disclosure, female children were found to be significantly more inclined to believe this than males, while children from NU17 were significantly less convinced of this in comparison to children from NU1.

Table 3.11 **ANOVA Results for Variables of Expected Consequences of Reporting Abuse According to Area, Sex and Age, Continued**

Ind. var.	F	MS error	df	p=	η²	Means and (Standard deviations)							
Area	7.73	1.36	3,484	0.0005	0.06	**NU1** 2.28	(1.15)	**NU9** 2.86	(1.20)	**NU17** 2.63	(1.25)	**Rural** 2.88	(1.07)
Sex	**10.1**	1.39	1,486	0.0016	0.02	**Male** 2.78	(1.18)			**Female** 2.45	(1.18)		
Age	0.00	1.42	1,485	0.9805	0.00	**Pre-adolescent** 2.61	(1.25)			**Adolescent** 2.61	(1.15)		
Question 9.4 The person who hurt you will want to hurt you again													
Area	**5.83**	1.33	3,482	0.0007	0.04	**NU1** 2.55	(1.15)	**NU9** 2.88	(1.21)	**NU17** 3.11	(1.16)	**Rural** 2.83	(1.10)
Sex	**4.09**	1.36	1,484	0.0437	0.01	**Male** 2.92	(1.17)			**Female** 2.71	(1.17)		
Age	0.29	1.37	1,483	0.5928	0.00	**Pre-adolescent** 2.78	(1.22)			**Adolescent** 2.84	(1.13)		

The expectation that the person disclosed to would not believe the child was considered to **always** or **sometimes** be the case for 56.44% of the total sample, and **never** for 40.29% of the children. In terms of whether the person disclosed to would be able to help the child, 90.00% believed that this was **always** or **sometimes** possible, while 7.77% expected this would **never** happen.

In Table 3.12 these variables are analysed according to area, sex and age using ANOVA. The results show that whether the children are male or female there is no significant difference between them as regards the expectation that they will be believed or helped. Similarly, no significant difference between adolescents and preadolescents was found relating to their expectations about being helped. However, their beliefs about being believed if they disclosed intrafamilial abuse were found to differ significantly, with adolescents being inclined to expect that they would not be believed. Children from NU1 and NU9 were found to differ significantly in this respect too, with the former group less optimistic that they would be believed if they disclosed abuse. In terms of expecting help to result from a disclosure, children from NU1 were found to differ significantly from all the other areas in their tendency to expect less help. Children from NU17 were also found to differ significantly from children in Nowawe, by being more optimistic about securing help than the rural sample. Similar precautions are noted here as regards interpreting these significant findings given η^2 values ranging between 1% and 7% only.

Table 3.12 ANOVA Results for Variables of Expected Consequences of Reporting Abuse According to Area, Sex and Age, Continued

Ind. var.	F	MS error	df	p<	η2	Means and (Standard deviations)							
Question 9.5 The person you told will believe you													
Area	12.4	1.52	3,481	0.0001	0.07	NU1 2.13	(1.11)	NU9 2.43	(1.27)	NU17 2.86	(1.32)	Rural 2.90	(1.27)
Sex	2.87	1.62	1,483	0.0908	0.01	**Male** 2.45	(1.29)			**Female** 2.65	(1.25)		
Age	**5.20**	1.61	1,482	0.0230	0.01	**Pre-adolescent** 2.71	(1.28)			**Adolescent** 2.44	(1.26)		
Question 9.6 The person you told will believe you													
Area	11.9	0.71	3,483	0.0001	0.07	**NU1** 1.75	(1.09)	**NU9** 1.37	(0.76)	**NU17** 1.17	(0.44)	**Rural** 1.52	(0.82)
Sex	3.82	0.75	1,485	0.0514	0.01	**Male** 1.57	(0.93)			**Female** 1.41	(0.80)		
Age	0.58	0.76	1,484	0.4485	0.00	**Pre-adolescent** 1.45	(0.85)			**Adolescent** 1.51	(0.88)		

3.2.4 Question 9.7 and 9.8 : Preferred outcomes of disclosing intrafamilial abuse.

Children were asked in open-ended questions about what they would want someone to do if they disclosed that they were being abused (Question 9.7) as well as what they would **not** want that person to do in response to their disclosure. The answers were grouped according to themes and are presented here descriptively for the categories with 15 or more frequencies. Analysis of the results according to area, sex and age was not undertaken given the size of the frequencies and number of categories generated through this open-ended inquiry.

Table 3.13 summarises the findings for children's main preferences about what should be done following a disclosure. The results show that the most frequently hoped for consequence is that the abuse will be stopped (a, b and e) or a conciliation with the abuser will be facilitated (d and f). These are followed by a preference for revenge against the abuser (g and i), assistance for other children who are in need of help (c) and the child's disclosure being believed (h).

Table 3.13 Children's Preferences About What Should be Done if Intrafamilial Abuse is Disclosed

Results	n	% of N
a. [illegible]	98	20.04%
b. [illegible]	53	10.84%
c. Help other children	40	8.18%
d. Solve the problem by [illegible]	35	7.16%
e. Stop the abuse	35	7.16%
f. Talk to us together [illegible]	31	6.34%
g. Beat or hit the abuser	28	5.73%
h. Believe me or take [illegible]	18	3.68%
i. Punish the abuser	16	3.27%

Table 3.14 presents the main categories in response to what the sample would **not** want a disclosure of abuse to lead to. If these categories are further grouped, it is found that children's main worry is that the abuser will be harmed if they disclose (b and c). The sample's concerns with imparting information about abuse shows a complex findings with respect to who else should have access to this information. There appears to be ambivalence whether the person disclosed to should inform anyone else or not, with some children wanting the disclosure to remain confidential (a), others wanting this information to be shared (f), and some children wanting certain groups of people to be exempt from knowing about the abuse (d and h). The concern about being believed raised in response to question 9.7 is noted again here (g), while police involvement (e.) is feared where before in question 9.7 this outcome was favoured by a bigger proportion of the sample.

Table 3.14 Children's Preferences About What Should Not be Done if Intrafamilial Abuse is Disclosed

Results: Children prefer that...	n	% of N
a. Nobody should be told about the abuse	79	16.16%
b. Nobody should fight with or hurt the abuser	70	14.31%
c. Nobody should kill the abuser	57	11.66%
d. Nobody should tell the abuser or other enemies	42	8.59%
e. The abuser should not be arrested or be apprehended by the police	41	8.38%
f. The disclosure should not be kept a secret	36	7.36%
g. The person disclosed to should not take sides or become partial	31	6.34%
h. Parents or family should not be told	17	3.48%
i. Do not know or have no response to the question	15	3.07%

3.2.5 Question 10 : Choosing who to disclose to

Table 3.15 summarises the percentages for whether children thought they would report abuse to various individuals or not, as listed in question 10. While the survey included questions on whether children thought they would be encouraged to disclose by these individuals, as well as whether they believed these people would be able to help them, the percentages for the responses to these questions have not been included. Instead phi correlations (ϕ) were calculated to measure the degree of correspondence between these three categories (i.e. who children would choose to TELL, who they thought would WANT them to disclose information about abuse, and who would be able to HELP them). Very strong positive relationships were found for all combinations of these categories, suggesting that children's choices about who to disclose to are associated with expectations that the target person will be encouraging of this and will be able to be of help. These findings are also summarised in table 3.6.

Table 3.15 Percentages of Willingness to Disclose and Phi Correlation Results for Categories that Distinguish between Willingness to Disclose (TELL), Encouragement to Disclose (WANT), and Expected Assistance (HELP)

Result	TELL: % YES	ϕ TELL:WANT	ϕ TELL:HELP	ϕ WANT:HELP
Neighbour	29.69%	-0.9074	0.9116	-0.8785
Traditional Healer	30.45%	0.9512	0.9312	0.9206
Friend	33.88%	0.8342	0.8516	0.8456
Res. Committee	42.79%	0.9162	0.9248	0.9287
Religious minister	47.63%	0.9463	0.9505	0.9508
Relative	52.77%	0.9044	0.9343	0.9209
Teacher	53.49%	0.9042	0.9124	0.9462
Police	55.96%	0.9044	0.8863	0.9020
Sibling	58.11%	0.9324	0.9376	0.9246
Clinic sister	65.34%	0.9272	0.9443	0.9449
Doctor	69.34%	0.9383	0.9509	0.9378
Social Worker	70.51%	0.9265	0.9312	0.9206
Father	76.68%	0.8927	0.9051	0.9170
Mother	88.84%	0.6385	0.7542	0.8261

Note. Chi-square results for testing the phi correlations between TELL, WANT and HELP were all significant at $p \leq 0.00001$.

Inspection of Table 3.15 shows that the category 'mother' is distinct from the other listed individuals by having both the highest percentage of children indicating a willingness to disclose abuse to her, as well as showing a minimal departure from the trend in other categories for very strong phi correlations. This suggests that children are most willing to report intrafamilial abuse to their mothers and that this decision is slightly less dependent on whether they anticipate her to encourage this or not. These findings along with the relatively high proportion of children who said they would tell their fathers, is interesting given the demographic figures for children living apart from people they identify as their parents. In their absence, it is possible that parents represent safe adults, while the people living with the child or in near proximity are more questionable as sources of safety. This is reflected in the percentages of children who said they would confide in relatives, siblings and neighbours, demonstrating an ambivalence and/or reluctance towards these categories. Members of the health and mental health professions were awarded preference over local figures such as religious ministers, residents' committees and traditional healers. Police and teachers were only selected for disclosing abuse to in half of the sample. The remaining category, friends, was attributed even less confidence as a potential recipient for reporting abuse.

Table 3.16 presents the statistical analysis of whether there is any association between where children live, their sex and age, and whom they would choose to report intrafamilial abuse to. According to these results, choosing friends as a source for disclosing abuse is unassociated with where the child lives, whether they are male or female and their age group. All the other categories were found to be significantly associated with at least one of these indices, particularly with respect to area. Apart from the categories friend and residence committee, area was found to be significantly associated with anyone who children selected to be recipients of disclosure. Residual analyses of these findings at Bonferroni-corrected $p \leq 0.00625$ generated the following significant results. Children from NU1 were found to be more likely than children living elsewhere

to choose not to disclose to social workers (z=5.096), clinic sisters (z=4.058), doctors (z=4.888), siblings (5.491), fathers (z=5.723) and mothers (z=5.602). In almost exact contrast, children from NU17 were found to be willing to disclose to all of these people (social worker z=2.996; clinic sister z=2.798; doctor z=4.971; father z=3.086; and mother z=2.839) as well as to religious ministers (z=2 .870) and relatives (z=2.504). A similar willingness to report abuse to teachers (z=3.09), social workers (z=2.797), clinic sisters (z=3.357), doctors (z=2.731) and fathers (z=3.05) was found with children living in the informal settlement. Children from Nowawe were found to select siblings (z=3.813) more often for disclosing abuse to, while preferring not to report to religious ministers (z=2.994) or to relatives (z=3.813). Residual analysis (at p≤0.0125) of sex across the categories religious minister, relative, police and social worker did not yield any significant results. This was also found to be the case when analysing age across the categories traditional healer, social worker, clinic sister and mother.

Table 3.16 Chi-square results for Classificatory Variables of Who to Report Abuse to According to Area, Sex and Age

Classificatory Variables	Area			Sex			Age		
	χ^2	df	p<	χ^2	df	p<	χ^2	df	p<
Neighbour	**23.54**	**3**	**0.00004**	1.65	1	0.19774	0.49	1	0.48002
Traditional Healer	**10.50**	**3**	**0.01473**	0.02	1	0.88383	**4.72**	**1**	**0.02981**
Friend	4.13	3	0.24681	0.57	1	0.44989	0.10	1	0.74183
Residence Committee	3.35	3	0.34058	**7.72**	**1**	**0.00546**	3.01	1	0.08267
Religious Minister	**39.72**	**3**	**0.00001**	**5.98**	**1**	**0.01442**	2.16	1	0.05459
Relative	**24.31**	**3**	**0.00003**	**11.27**	**1**	**0.00079**	0.82	1	0.36380
Teacher	**34.84**	**3**	**0.00001**	3.75	1	0.05254	3.35	1	0.06710
Police	**10.93**	**3**	**0.01208**	**12.59**	**1**	**0.00040**	0.35	1	0.55129
Sibling	**106.43**	**3**	**0.00001**	0.29	1	0.58390	3.25	1	0.07 124
Social Worker	**61.39**	**3**	**0.00001**	**4.21**	**1**	**0.04006**	**4.08**	**1**	**0.04323**
Clinic Sister	**55.27**	**3**	**0.00001**	1.68	1	0.19397	**4.20**	**1**	**0.04030**
Doctor	**83.98**	**3**	**0.00001**	2.64	1	0.10392	2.39	1	0.12147
Father	**69.59**	**3**	**0.00001**	2.88	1	0.08927	2.85	1	0.09083
Mother	***54.64**	**3**	**0.00001**	3.23	1	0.07188	**5.43**	**1**	**0.01976**

* one or more cells in this table has observed frequencies < 5

3.3 Discussion of the Results

3.3.1 Demographics

The results of demographic data show several correspondences with results of other South African studies. The finding that the average household in the survey is characterised by two generations and familial ties between it members is consistent with Pauw's (1973 in Simkins, 1986) results of Mdantsane households. In comparison with demographic results reported by Lund (1997) of a sample of adolescents attending high school near Grahamstown, similarities were found with respect to the proportion of children living apart from their fathers, mothers or both, with differences limited to between 2% to 8% when the samples are compared. The distribution of children with respect to level of schooling and high rates of failure in elementary and

junior primary are consistent with Dawes and Donald's (1994) findings that 25% of children drop out of school in their first year and only 37% who reach Std 10 matriculate.

The demographic results of this study were also found to be consistent with expectations associated with socio-economic and age differences. Younger children were found to have lived in their homes for less time than older children, had failed more elementary standards, and were less often members of social groups. Children living in the rural area of Nowawe had typically lived there in multi-generational households for long durations and without their mothers and fathers. In the informal settlement or NU9, children were found to most often live with their mothers in homes of relatively recent occupation. The higher economic area, NU17, was found to have less households where no-one was employed. The above mentioned consistencies help to establish the reliability of the sample in addition to describing it. Other important distinctions between the areas were greater sociability among Nowawe children and their neighbourhood peers, and membership of social groups occurring most for children in NU1 and least for children in NU9.

3.3.2 To disclose or not to disclose

The overall proportion of children who answered that they would be likely to disclose intrafamilial abuse amounted to 88% of the sample. This figure was somewhat reduced when the question was redefined to inquire about the likelihood of keeping the abuse a secret, with 69% of the sample answering that they would not respond in this way. While these findings contradict notions of children being reluctant to report abuse, they support Bradley and Wood's (1996) finding that in 72% of the case files of child abuse that they reviewed, the child had told someone about the abuse 'at one time or another'. In fact, telling a trusted person about what had happened emerged as the response most favoured, followed in descending order by spending effort on appeasing the abuser, praying for the abuse not to be repeated, reporting to the police, keeping a secret about the abuse, and running away from home.

However, inspection of whether disclosure was favoured as an option in response to be being abused according to groupings of age and area showed some departures from these overall trends, particularly with respect to children from NU1 who tended to respond in reverse to the findings related above. Significantly, this group of children was also found to differ on the basis of feeling less secure and safe at home, whereas 82% of the total sample related constantly feeling safe there. They were also less likely to expect they would be believed or helped as a consequence of disclosing abuse. Children living rurally were similarly found to be less inclined to disclose abuse when compared to their peers in NU9 and NU17. Although these rural children were not found to be lacking security at home, they did demonstrate an inclination towards believing that if they disclosed abuse they were not likely to be helped. Children younger than 13 were found to be more likely to disclose abuse in comparison to the adolescent group. This finding contradicts Phelan's (1995) hypothesis that disclosure of abuse is more likely to occur when children reach adolescence given their

greater access to information and peer support. However, it was found that not only was this group less inclined to disclose abuse but that they were also less convinced that a disclosure by them would be believed. It is difficult to account for this difference in age groups without resorting to speculation. Nevertheless it would be interesting to consider whether older children become less confident of themselves with increased exposure to adult attitudes that position children as less powerful and 'unknowing', as described by Stainton Rogers & Stainton Rogers (1992).

Collectively, these findings seem to point to an association between responding to abuse with disclosure and feeling safe at home plus being inclined to expect that the disclosure will be believed and result in help. This is consistent with Bradley and Wood's (1996) finding that children are more likely to deny abuse if their caregivers are experienced as unsupportive. The sex of the child was found to have little bearing on this relationship, suggesting similarities between males and females with respect to their experience of being able to enlist help.

3.3.3 Alternatives to disclosing

In the total sample, 82% considered it likely that they would respond to being abused by employing effort to appease the abuse, with children from NU17 found to be especially inclined to carry this out. Prayer was selected by three quarters of the sample as a viable response, while analysis of this finding across the different areas showed that children in NU1 and Nowawe were less inclined to respond to abuse in this way. The option of running away was chosen by only a fifth of the sample, with children living in NU1 favouring this alternative. No differences were found with respect to age and sex. It is of course likely that in reality children will respond to abuse with more than one type of coping mechanism and different combinations of these. Of note is the dual intention reflected in these findings to elicit help, whether by telling someone or praying, and simultaneously working to pacify the abuser and presumably take active steps towards procuring safety. To understand more about the choice and ability to disclose we need to consider what consequences are anticipated in such an event and what children would prefer to be the outcome of disclosure given the choice.

3.3.4 After disclosure

40% of the total sample considered it likely that their disclosure would not be believed and only 8% expected that whoever they disclosed to would not be able to help them. As regards implications for the abuser, 34% of the total sample were certain that there would be repercussions for the abuser as enforced by formal authorities, such as the police. Sanctions against the abuser and the outlawing of abuse at home was expected to be likely or certain for 42% of the total sample. When outcomes were presented that involved implications for the child, these were also found to divide the sample almost equally according to whether they believed the abuser would hate them or be incited to abuse them again as a result of disclosure. Male and female children were found to differ with respect to all these expected outcomes, whereby females were more

within those communities. This will rely on a cooperative partnership with research efforts that keep us informed of these differences and of what children think.

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Domestic Violence Project

C.M.H

From: Eric Harris and Justine Evans
Co-ordinators
Domestic Violence Project
Community Health Department
CMH

To: Dr H Zokufa
Chief Superintendent
CMH

re: **Conducting interviews for questionnaire development with the patient population.**

Dear Dr Zokufa

As you may know we are gearing up to conduct a survey of Mdantsane and some surrounding rural areas. The topic, not surprisingly, will be domestic violence. A part of this survey will involve the development of a path analyses model based on prior research in the areas of attitude and belief measurement. The model provides good information regarding the interactions between personal (belief and attitudinal) and societal (normative) variables. The interplay between these constructs is of utmost importance in understanding the antecedent causes of a person's attitudes, intentions and behaviours as the choice of intervention targets will be driven by such data. An initial step in the construction of such a model is to tap, from a small sample representative of the population, the salient beliefs regarding the behaviour in question as well as the salient persons and/or organisations which inform the behaviour. The task is to ask subjects for a list of possible consequences as well as a list of salient norm carriers, this list is subjected to a content analyses like procedure and a final set of questions are based on the concepts generated by the sample. It will be clear that this procedure allows the questionnaire to probe efficiently and sensitively exactly those psychological and normative constructs held salient by the population in question.

In order to conduct this first step we are hereby requesting permission to use the hospital population from which to draw our sample. The sample (N = approx. 100) will be approached in wards not directly related to injury from violence in order to avoid the obvious bias this may introduce. We considered the medical wards and the general paediatrics wards with some subjects drawn from surgical wards, casualty and out patient departments. The interviews will be carried out by Sr Mlalandla and/or ourselves. The usual research norms of informed consent, confidentiality and non-malfeasance will be strictly adhered to. A copy of the questions being asked is attached to this letter (see appendix 1). Just to clarify, this sample is not part of the survey itself but simply one of the steps needed to compile a meaningful set of questions.

Thank you for your time. We wait keenly for your reply.

Yours,

Eric Harris and Justine Evans

Fishbein Model - Children's model

1) Normative beliefs re reporting sexual abuse

If it ever happened that someone that you know or a member of your family touched your or forced you to touch them, or forced you to do something with your body that was painful or frightening you might think try to stop this from happening again by reporting it to someone. There might be some people who think that you should tell someone about what happened and there might be some people who think that you should not tell anyone.

If you can think of anyone who thinks that you should not tell anyone if a person that you know or a member of you family touched your or forced you to touch them, or forced you to do something with your body that was painful or frightening please list them below:

If you can think of anyone who thinks that you should tell someone if a person that you know or a member of you family touched your or forced you to touch them, or forced you to do something with your body that was painful or frightening please list them below:

2) Modal beliefs re reporting sexual abuse:

If it ever happened that someone that you know or a member of your family touched your or forced you to touch them in a way or part of you body that you did not want them to, or forced you to do something with your body that was painful or frightening what might be the good results of telling someone about it in order to stop it from happening again?:

If it ever happened that someone that you know or a member of your family touched your or forced you to touch them in a way or part of you body that you did not want them to, or forced you to do something with your body that was painful or frightening what might be the bad results of telling someone about it in order to stop it from happening again?:

3) Modal beliefs re beatings

If one or both of your parents or any other person looking after you hit you so often and painfully that you are often injured and are scared of that person or people most of the time what might be the good results of telling someone about it in order to stop it from happening again?:

If one or both of your parents or any other person looking after you hit you so often and painfully that you are often injured and are scared of that person or people most of the time what might be the bad results of telling someone about it in order to stop it from happening again?:

4) Normative beliefs re beatings

If one or both of your parents or any other person looking after you hit you so often and painfully that you are often injured and are scared of that person or people most of the time you might think try to stop this from happening again by reporting it to someone.

If you can think of anyone who thinks that you should not tell anyone if one or both of your parents or any other person looking after you hit you so often and painfully that you are often injured and are scared of that person or people most of the time please list them below:

If you can think of anyone who thinks that you should not tell anyone if one or both of your parents or any other person looking after you hit you so often and painfully that you are often injured and are scared of that person or people most of the time please list them below:

Memorandum from Dr G Boon: Dept Paediatrics

23 November 1994

To: Dr Zokufa

Re: Proposal for Qestionaire Development for Domestic Violence Project

Thank you for the opportunity to comment:

1 I believe the reason behind the proposal sound and support the principles (but found the wording of the letter rather complex - maybe use more simple english in future)

2 The route of feedback of would be important - I personally and my department would benefit from feedback even from this initial phase of the project.

3 The section on parent interview appears acceptable to me.

4 The consent for the children's model section should be clear on what defined relationship is required between the person giving consent and the child, that the person giving consent should be offered the opportunity to view or be read the questions that will be asked of the child.

5 The caretaker of the child should be given the opportunity of being present during the interview and if this is not to be so this must be made clear at the time of obtaining cosent and be reflected on the consent form.

6 I would wish to see the consent form and the interview protocol (viz who is present, what age child will be interviewed and where etc) before giving full support to this aspect of the proposal which I do however in principle support.

Yours Faithfully,

Dr Gerald P G Boon
Head of Department of Paediatrics

C 12

IRIPHABLIKI YECISKEI
REPUBLIC OF CISKEI

Irefrensi:
Ref. No. .....

Ifoni:
Telephone: 613111 X 2111

Imibuzo:
Enquiries: Dr Zokufa

I-Ofisi ka – Office of the
SUPERINTENDENT
CECILIA MAKIWANE HOSPITAL
PRIVATE BAG X08
MDANTSANE 5219

14 November 1994

TO : ETHICAL COMMITTEE MEMBERS

CONDUCTING INTERVIEWS FOR QUESTIONNAIRE DEVELOPMENT WITH THE PATIENT POPULATION.

Enclosed herewith please find copy of letter and questionnaire addressed to me from the Community Health Department regarding the Domestic Violence Project.

Can we have your comments/suggestions regarding this.

Your co-operation will be appreciated.

CHIEF MEDICAL SUPERINTENDENT

HZZ/ng

COMMENTS/SUGGESTIONS

1. I believe major weakness of the study is the lack of a theoretical model. In my opinion, this means that the behaviour under study will not be understood. Neither will significant "therapy" be forthcoming. However, I can't see any ethical objections. (DR SWIFT) Hurly

2. Excellent project. I can support it. No objection. (DR BOEKE) H.J. Boeke.

3. Please see my attached comments & especial reference to consent & child questioning (DR BOON)

4. I have no ethical objections to this project. (DR JANUSZKO) H Januszko

5. No problem with adult section. Or with children section after answer from ERIC & Justice see attached documents. (DR ARIAS)

6. (DR ZOKUFA)

7. Supported (DR HARRIS)

8. This Project has full support of the comm. health dept. comments will be channelled directly to the DU Project. (DR N VELTMAN)

This project will generate valuable information that can be very helpful for future planning.

No objection

Zyda
ans

Copy For Dr Boon

Domestic Violence Project

C.M.H

8/12/94

Dear Dr Zokufa, Eric + Justine,
This seems suitable to me & I support the project fully & will be interested in the outcome
Yours
Jerry Boon

From: Eric Harris and Justine Evans
Co-ordinators
Domestic Violence Project
Community Health Department
CMH

To: Dr H Zokufa
Chief Superintendent
CMH

re: Responding to Dr. Boon's queries regarding our Conducting interviews for questionnaire development with the paediatric patient population.

Dear Dr Zokufa

Please find attached a copy of the consent form intended for guardians of minors that would be involved in the pilot interviews detailed in our previous communication on this topic. Dr Boon also requests further information regarding the interview protocol. Adults will be approached by Sr Mlalandle and consent will be gained verbally in the spirit of informed consent, confidentiality and non-malfeasance. The interview will involve the verbal presentation of the questions by Sr Mlalandle, Sr Mlalandle will also assist in recording the answers where the patient has difficulties with writing. The answers will simply be recorded as expressed by the patient, no data coding will take place at this level.

With regard to children. Children will not be approached until consent has been granted by means of the attached form by the parent or guardian of the child. Once consent has been given the child will be approached by Sr Mlalandle and given the opportunity to give or deny their consent to the interview. Consent will be gained verbally in the spirit of informed consent, confidentiality and non-malfeasance. Children in the age range of 6 - 14 yrs will be targeted. Of course the child's ability to answer the questions may dictate the lower age level somewhat.

The interviews will, as far as possible be conducted in our offices in a private room. Where this is not possible the interview will only take place if a private room can be secured or, in the case of bedridden patients, at the patients bedside with the curtains drawn.

With regard to Sr Mlalandle as the interviewer. We will thoroughly prepare Sr Mlalandle for the interviews and have absolute faith in her ability to conduct the interviews and cope with any difficulties that may arise sensitively and effectively. We have chosen Sr Mlalandle as the interviewer because we wish the interview to take place in Xhosa in order to avoid, as far as possible, translation problems in the final questionnaire, we also simply consider her to be the best choice for the task.

Other issues raised were the complexity of our language and the mechanisms for feedback. With regard to the issue of language, we apologise but must point out that we, like most disciplines, require some measure of technical terminology in order to express our activities and/or constructs. As regards feedback, we will be happy to provide feedback regarding our initial findings although we must point out that at this stage all we will be able to offer is a list of attributes about men, children, relationships, violence etc. as understood by the target populations. We can give interested persons a summary as the data reflected as frequency counts and outline their contribution to the proposed survey if that would be useful. In addition we would be quite happy to discuss the information we get with interested persons.

Thank you for your time

Yours sincerely

Eric Harris and Justine Evans.

P.S. We have provided Dr Boon with a copy of this letter.

Domestic Violence Project

CMH

Consent Form For Participation Of Minors In Survey Research

Statement of consent:

I, (Gardian/parent's Name), the undersigned, do hereby state that I fully understand the request being made of me by the Domestic Violence Project with regards to (Child's Name) of whom I am a legal guardian/parent.

I understand that Sr M Mlalandle of the Domestic Violence Clinic, whom I have met, will, with (Child's Name)'s informed verbal consent, put a set of questions to (Child's Name).
I understand that the interview will be conducted in private, I will not be present, and will consist of the questions that have been shown and explained to me.
I understand further that all of the information will be confidential and used without reference to (Child's Name) as an individual.

I hereby give my consent for the domestic violence to interview (Child's Name) in the manner set out above:

Signed: _____ Date: ___/___/___

APPENDIX 2

Pilot Study : Questions

Group A (perpetrator unspecified)

Question 1

If someone hit you often and made you scared of them, what **good** things could happen if you told someone else about this?

Question 2

If someone hit you often and made you scared of them, what **bad** things could happen if you told someone else about this?

Question 3

Can you think of anyone who would want you to tell them about you being hit and scared?

Question 4

Can you think of anyone who would **not** want you to tell them about you being hit and scared?

Question 5

If someone touched you in a way that you didn't like or forced you to do something with your body that made you frightened and sore, what **good** things could happen if you told someone about this?

Question 6

If someone touched you in a way that you didn't like or forced you to do something with your body that made you frightened and sore, what **bad** things could happen if you told someone about this?

Question 7

Can you think of anyone who would want you to tell them about you being touched or forced to do things you didn't like with your body?

Question 8

Can you think of anyone who would **not** want you to tell them about you being touched or forced to do things you didn't like with your body?

Pilot Study : Questions

Group B (perpetrator intrafamilial)

Question 1

If someone in your family hit you often and made you scared of them, what **good** things could happen if you told someone else about this?

Question 2

If someone in your family hit you often and made you scared of them, what **bad** things could happen if you told someone else about this?

Question 3

Can you think of anyone who would want you to tell them about you being hit and scared?

Question 4

Can you think of anyone who would **not** want you to tell them about you being hit and scared?

Question 5

If someone in your family touched you in a way that you didn't like or forced you to do something with your body that made you frightened and sore, what **good** things could happen if you told someone about this?

Question 6

If someone in your family touched you in a way that you didn't like or forced you to do something with your body that made you frightened and sore, what **bad** things could happen if you told someone about this?

Question 7

Can you think of anyone who would want you to tell them about you being touched or forced to do things you didn't like with your body?

Question 8

Can you think of anyone who would **not** want you to tell them about you being touched or forced to do things you didn't like with your body?

APPENDIX 3

Pilot Study : Interview Guidelines

- Approach parent with child
- Mandisa introduces herself (*community health worker and nurse*) and the study (*asking children in the hospital some questions to help us understand how they view certain topics; results to be used to help provide better services to children*)
- Consent from parents: inform of (1) complete *confidentiality and anonymity (do not require name or address),* (2) duration of interview (*10 - 15 min*), (3) procedure of the interview, (4) consent form (to be signed by parent, and (5) as last resort in the case of hesitancy, show the interview questions to the parent
- Consent from child: (1) introduce self (*work with children and communities*), (2) introduce study (*would like to find out what children think about certain topics so that we can understand what they like, what they don't like and how we can help them with these things*), (3) obtain permission (*would you like to spend a few minutes with me so that I can ask you some questions*?) , (4) explain confidentiality (*I am not going to use your name or address, so no-one will know who answered these questions and what ever you tell me won't be told to anyone you know*)
- Procedure: once you have gained consent from child and parent and are in the interview room, remind the child of confidentiality, encourage him/her to take their time and ask questions if they don't understand
- Read the questions slowly and with the longer questions, repeat these. If the child does not come up with any answers then (1) check that s/he understands the question, (2) allow time to think, (3) don't press for answer, (4) offer to carry on and return to the question later, (5) if s/he doesn't want to answer, leave the question out
- Try not to (1) end sentences for the child, (2) 'put words in their mouth', (3) agree or disagree with their answers, (4) rush them, (5) give them answers when they ask for examples or clarifications
- Note: (1) reasons why parents refuse consent and whether anything specific influences this (e.g. seeing the interview questions), (2) target more or less equal number of males and females or primary school age

APPENDIX 4 : PILOT STUDY RESULTS

The data, comprising children's answers to open-ended questions, is presented for each question along with frequencies distinguishing between (i) male and female responses, (ii) age of the respondents, and (iii) how often the children responded with the same or similar answers when the question related to intrafamilial abuse as compared to when the relationship to the abuser was not specified. Where differences are noted this is intended descriptively, and does not imply statistical significance. The small sample size precluded the possibility of running statistical tests on the data.

Question 1: *If someone in your family hit you often and made you scared of them, what **good** things could happen if you told someone else about this?*

There were a total of 40 responses to this question, made by 26 children in the sample. The following categories together with their frequency of response and mean age were derived:

a) Expectation that the abuser will be harmed, rebuked or punished (n=18; x= 9.72 and s=1.74)

b) Expectation that the abuser will be removed or rejected (n=13; x=9.23 and s=1.16)

c) No good results expected to follow reporting (n=4; x=9.5 and s=2.08)

d) Good results will be experienced by the child involved (n=4; x= 12.25 and s=2.06)

e) Expectation that the responsibility will be transferred from the child to the adult that is reported to (n=1; age=12)

There was near equal participation between male and female participants with respect to the total number of responses to this question (F=19 and M=21). The identification of positive outcomes for the child was exclusively mentioned by female children, while male children reported the consequence of the abuser being harmed or rebuked as a good outcome with greater frequency. Both male and females mentioned the positive outcome of having the abuser removed with equal frequency.

In terms of age, there were few notable differences between the categories.

When the questions were analysed for differences with respect to whether the abuse was identified as intrafamilial (Group B) or not (Group A), expectations (c) and (d) were named predominantly by subjects in Group A. Whereas more female children responded to this question in Group A, the inverse was found in Group B.

Question 2 : *If someone in your family hit you often and made you scared of them, what **bad** things could happen if you told someone else about this?*

There were a total of 43 responses to this question by 27 of the participants. The types of responses given, in order of frequency, were classified into the following categories:

a) Disclosure will increase the chance of being hit more frequently (n=18; x=9.72 and s=1.93)

b) Disclosure is expected to result in rejection of the child by the abuser (n=6; x=8.83 and s=1.83)

c) Disclosure results in increased threat and the idea of the abuser reacting in unpredictable ways (n=5; x=10.2 and s=2.17)

d) Disclosure may incite the abuser to use more dangerous or violent means against the child (n=5; x=11 and s=2.12)

e) No expectation of bad consequences (n=3; x=9.33 and s=0.57)

f) Disclosure is expected to be accompanied by increase emotion in the child (n=2; x=10.5 and s=4.95)

g) Expectation that disclosure will result in the child being blamed (n=2; x=10 and s=0)

h) Expectation that reporting will result in abuser's removal and the child being left to care for him/herself (n=1; age=9)

i) Expectation that nothing will happen (n=1; age=10)

As with report of 'good results', male and female participants responded with almost equal frequency (F=22; M=20). In the category of increased physical abuse in response to disclosure, male and female subjects displayed near equal frequency of responses. A difference between these two groups was demonstrated with males emphasising an increase in threatening behaviour contingent upon disclosure and females placing emphasis on the abuser's behaviour becoming violent or life-threatening. Both groups made equal mention of the consequence of being rejected by the abuser. The categories involving emotional distressing consequences for the child and being blamed for the abuse, were specified by females. They also made up the group who voiced expectations of either no consequences for anyone involved or of no bad consequences contingent upon disclosure. A male subject identified the possibility of being stranded should the abuser be exposed.

With respect to age, a slightly younger group of children feared rejection (x=8.83 and s=1.835) while an older group made more mention of life-threatening and vicious behaviour by the abuser (x=11 and s=2.12).

The same pattern for Question 1 of female participants in Group A responding more than males in that group, and the inverse occurring in B were found. Both groups made similar frequencies in their mention of rejection and of physical abuse escalating with disclosure. Participants from Group B made sole reference to expectations that the child would be blamed, that they would be stranded of care if the abuser was removed, and the expectation that reporting would bring about no differences or change to the situation. Group A, by contrast made sole reference to expecting no 'bad' consequences to result from disclosure.

Question 3 : *Can you think of anyone who **would want** you to tell them about you being hit or scared?*

There were a total of 37 responses to this question, classified according to the following categories:

a) People at home, including family and non-family members (n=21; x=9.285 and s=1.45)

b) Friends and contemporaries (n=7; x=10.29 and s=2.497)

c) Extrafamilial and non-residential members (n=4; x=10 and s=1.41)

d) Witnesses to the abuse (n=2; x=9 and s=0)

e) The child or victim (n=1 and age=13)

f) Unsure (n=1 and age=9)

g) Nobody (n=1 and age=11)

Of significance was the omission of service providers and of fathers as supportive sources for disclosure. Male and female participants made similar mention in terms of frequency of their peers as supportive of disclosure. They differed in so far as male children favoured members of their family more while female participants made more mention of non-familial support, naming neighbourhood individuals and witnesses to the abuse.

In terms of age, children older than 10 years excluded family as a source of support, naming peers and extrafamilial persons instead.

Group A and B demonstrated similarity in their choice of peers as supportive of disclosure. They differed, however, with participants in Group B showing an overall reduced expectation for encouragement to disclose from their environment.

Question 4 : *Can you think of anyone who would **not** want you to tell them about you being hit or scared?*

All together, there were 29 responses to this questions with a roughly equal distribution of these across the following categories:

a) Person implicated as the abuser or anyone associated with him/her (n=7; x=10.714 and s=1.799)

b) People living at the child's home, including family and non-family members (n=6; x= 9.167 and s=1.329)

c) Nobody (n=5; x=10.6 and s= 2.07)

d) Friends and contemporaries (n=4; x=7.75 and s=0.957)

e) People fearing retribution from the abuser (n=3; x=10.75 and s=0.5)

f) Extrafamilial individuals (n=2; x=8.5 and s=0.707)

g) Unsure (n=2; x=9.5 and s=0.707)

An 11 year old male child responded to this question with emphatic insistence that disclosure was not an option because of the increased threat this would involve to him.

Male and female children responded with almost equal frequency to this question (F=16, M=15). They demonstrated differences in the way female participants demonstrated more awareness of non-support from the abuser and his/her associates as well as anyone who feared retribution from the abuser if they became involved. Male participants, on the other hand, were solely responsible for naming extrafamilial or non-residential individuals as discouraging of disclosure.

A younger group of children expected to receive discouragement from their peers, compared to children of 10 years and older who focused more on the abuser and his associates, as well as the category of no-one discouraging disclosure.

Group A and Group B showed similar frequencies in response to most of these categories. One notable exception was the exclusive mention of people fearing retribution and extrafamilial individuals by participants from Group A.

Question 5 : *If someone in your family touched you in a way that you didn't like or forced you to do something with your body that made you frightened and sore, what **good** things could happen if you told someone about this?*

There were a total of 38 responses from 27 of the participants. Thematic analysis of the answers generated the following categories:

a) No good results or inability to think of any (n=10; x=9.5 and s=1.74)

b) Expectation that police may possibly be of assistance (n=10; x=9.2 and s=1.43)

c) The abuser will be punished or hurt (n=8; x=9.75 and s=1.58)

d) Disclosure will bring about positive feelings and a free or safer situation for the child (n=8; x=10.125 and s=1.885)

e) The silence or secret will be broken (n=1; age=14)

f) If the abuser is related to the child, little or no punishment will be served for his/her actions (n=1; age=13)

{note that in the last category, it could be queried whether this is in fact a statement about the 'bad' consequences of reporting abuse, or if the child is communicating the attitude that there will be less harm to the abuser if s/he is a relative and this constitutes a good result contingent on the child's feelings of attachment to this person through familial ties.}

The total rate of female responses (37%) was less than half of that made by male participants. The female children made more mention of the expectation that there would be no benefits to be gained from disclosing, while male children emphasised the expectation of possible help from the police and a happier and safer situation for themselves more frequently. Both groups made more or less equal mention of the favourable consequence that disclosure would result in the punishment or harming of the abuser.

Whereas male and female participants in Group A responded with near equal frequency, female children (20%) in Group B were less forthcoming. Apart from this difference the only other disparity between these groups was the higher frequency in Group A of the category that no good result would accrue from disclosure.

Question 6 : *If someone in your family touched you in a way that you didn't like or forced you to do something with your body that made you frightened and sore, what bad things could happen if you told someone about this?*

In total there were 47 responses to this question from 27 participants. This represents the most frequent responses given to a question in the pilot study, thereby indicating that participants had the most to say about what would discourage them from reporting sexual abuse. Thematic analysis of the content of the responses generated the following categories:

a) The abuser will respond with aggression (n=20; x=9.35 and s=2.13)

b) The abuser may be provoked to inflict grievous harm (n=6; x=10 and s=1.095)

c) The abuser will respond with rejection and/or malice (n=6; x=10 and s=3.35)

d) Disclosure will result in the repetition of abuse (n=4; x=9.75 and s=1.26)

e) Disclosure will result in unspecified revenge by the abuser (n=4; x=11 and s=2.45)

f) Abuser will respond with blackmail or bribes (n=3; x=10.67 and s=1.155)

g) Bad results to the well-being of the child specifically (n=2; x=10.2 and s=2.12)

h) Rejection and blame of child by his/her friends (n=1; age=9)

i) No bad consequences (n=1; age=11)

Near equal response rate between male and female participants occurred (F=23; M=24). Many of the categories were identified with equal frequency by both groups, with the exception of the expected outcome that the abuser would respond with aggression. The male children favoured this outcome more with their responses, particularly from Group B. By contrast, only one female in Group B identified this as a possibility as compared to six female children in Group A. {This has implications for understanding the absence of 'violence' per se in intrafamilial abuse, and perhaps lends evidence that this type of abuse incorporates the relationship that exists between the abuser and the victim rather than simply an act out of context}. Females reported the consequence of being rejected with slightly higher frequency than males.

On the whole, more responses were offered by female than male children in Group A, with the converse occurring in Group B. Only participants in Group A specified the expected outcome that disclosure will incite the abuser to unspecified revenge, and only participants in Group B noted the possibility of the abuser responding with bribes and blackmail. Both groups made equal mention of the abuser responding with aggression, but subjects in Group A carried this theme further with more frequent mention of harm and rejection in relation to themselves. The females in Group B noted expectations of bribery and/or

blackmail, and for the abuse to continue if they were to disclose this. The idea that no bad consequences would follow reporting sexual abuse was suggested by a participant in Group A.

Question 7 : *Can you think of anyone who **would want** you to tell them about you being touched or forced to do things you didn't like with your body?*

There were a total of 30 responses to this question, with the following categories derived through thematic analysis:

a) Intrafamilial members (n=15; x=9.33 and s=1.35)

b) Friends (n=6; x=10.17 and s=2.48)

c) Child will motivate themself to disclose (n=5; x=10 and s=2.12)

d) Extrafamilial members (n=2; x=12 and s=2.83)

e) Adults - unspecified (n=1 and age=9)

f) Someone who witnessed the abuse (n=1 and age=9)

Male children responded with slightly more responses to this question than female children (F=13; M=17). Most of these categories were prescribed to equally or near equally across these two groups with the exception of male participants referring to themselves as sources of encouragement to support disclosure more frequently than females.

A slightly older group of children with a mean age over ten years, expected their friends to support disclosure of sexual abuse and identified themselves as a source of motivation.

Participants in Group B identified no-one else apart from themselves and intrafamilial members to be supportive or encouraging of disclosure. This group identified themselves as encouraging of disclosure with more frequency than Group A. Group A included peers or contemporaries as an expected source of support in almost equal proportion to their recognition of intrafamilial support.

Question 8 : *Can you think of anyone who would **not** want you to tell them about you being touched or forced to do things that you didn't like with your body?*

There were a total of 27 responses to this question. The following categories were generated:

a) The perpetrator and his/her associates (n=9; x=9.56 and s=1.51)

b) Do not know of anyone who would be discouraging (n=9; x=10.3 and s=1.5)

c) Friends (n=4; x=9.75 and s=3.095)

d) Extrafamilial members (n=2; x=11.5 and s=3.54)

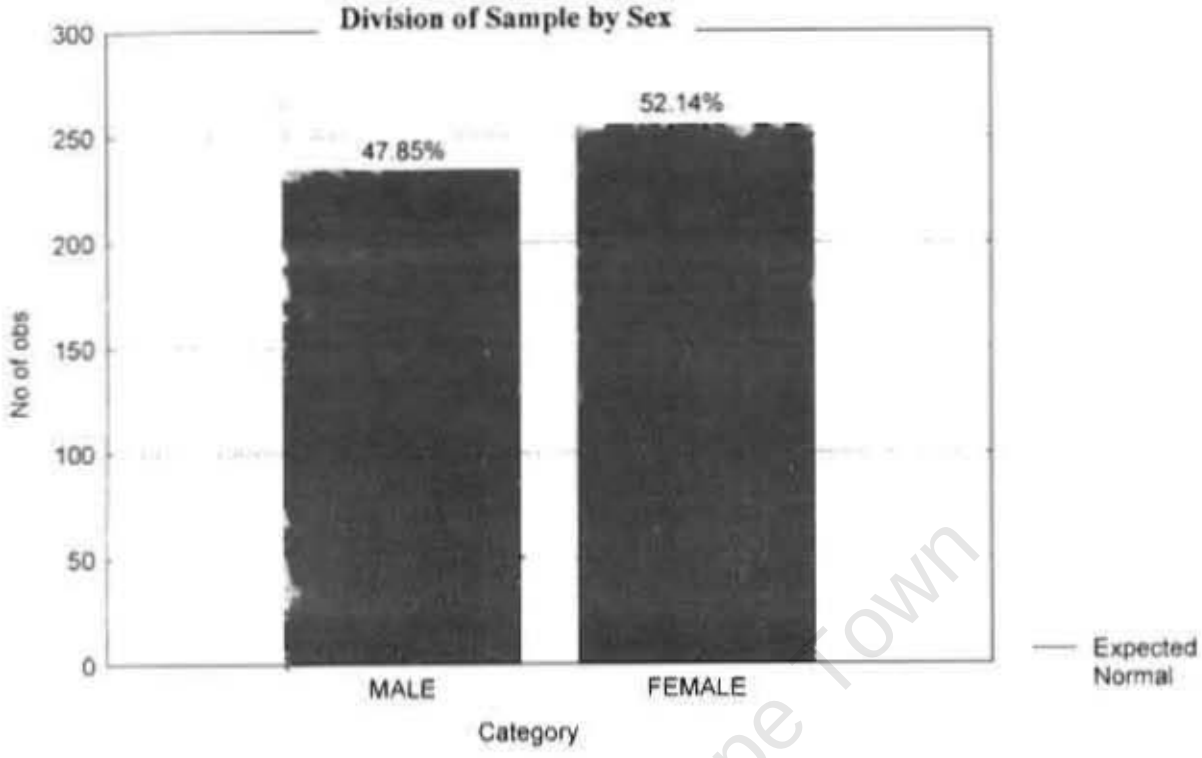
e) People who are pathological (n=2; x=9 and s=2.83)

f) Someone who is scared of getting involved (n=1 and age=9)

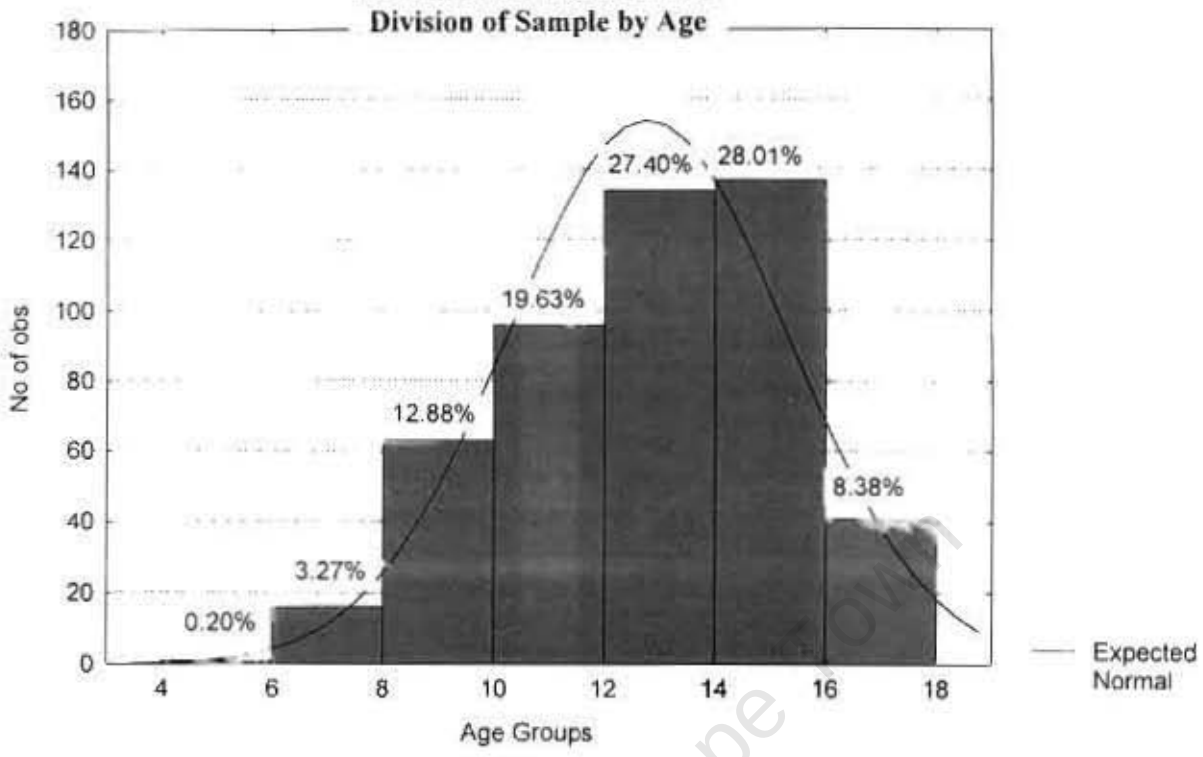
The total number of responses from male and female children was very similar for this question (F=12; M=13). More female than male participants raised the expectation that the abuser and his/her associates would discourage disclosure. Both groups named peers and the expectation that no-one would discourage disclosure with similar frequency.

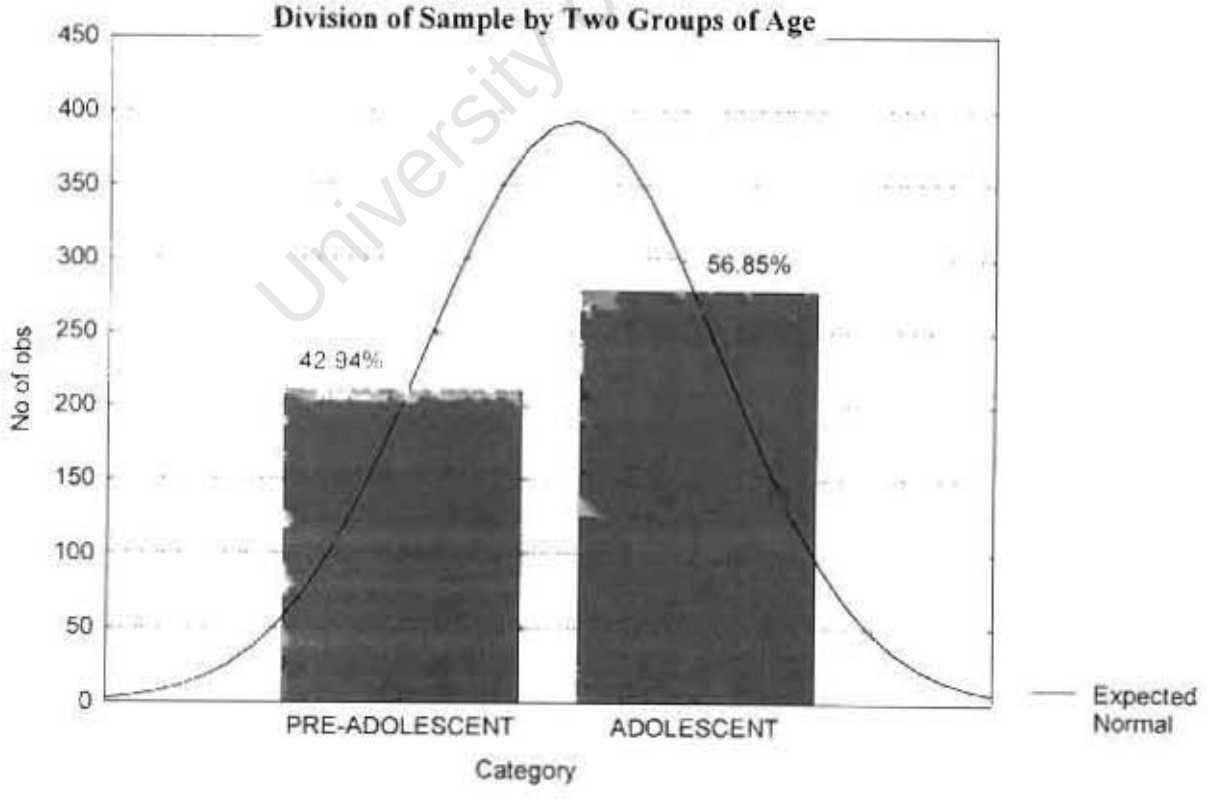
The female participants in Group A responded less than the male participants in this group, with the opposite occurring in Group B. This is in stark contrast to the other questions in this study, suggesting that female children in this group had more to say about who would stand in their way of reporting sexual abuse than about physical abuse and expectations about who would be supportive. The category of the abuser and his/her associates discouraging abuse was more subscribed to by Group A than Group B. In the case of the category involving the expectation that no-one would discourage disclosure of sexual abuse, Group B participants were represented more. It was also a member from this group that raised the idea that someone with a pathological personality would discourage disclosure.

APPENDIX 6 : GRAPH 2.1
Division of Sample by Sex

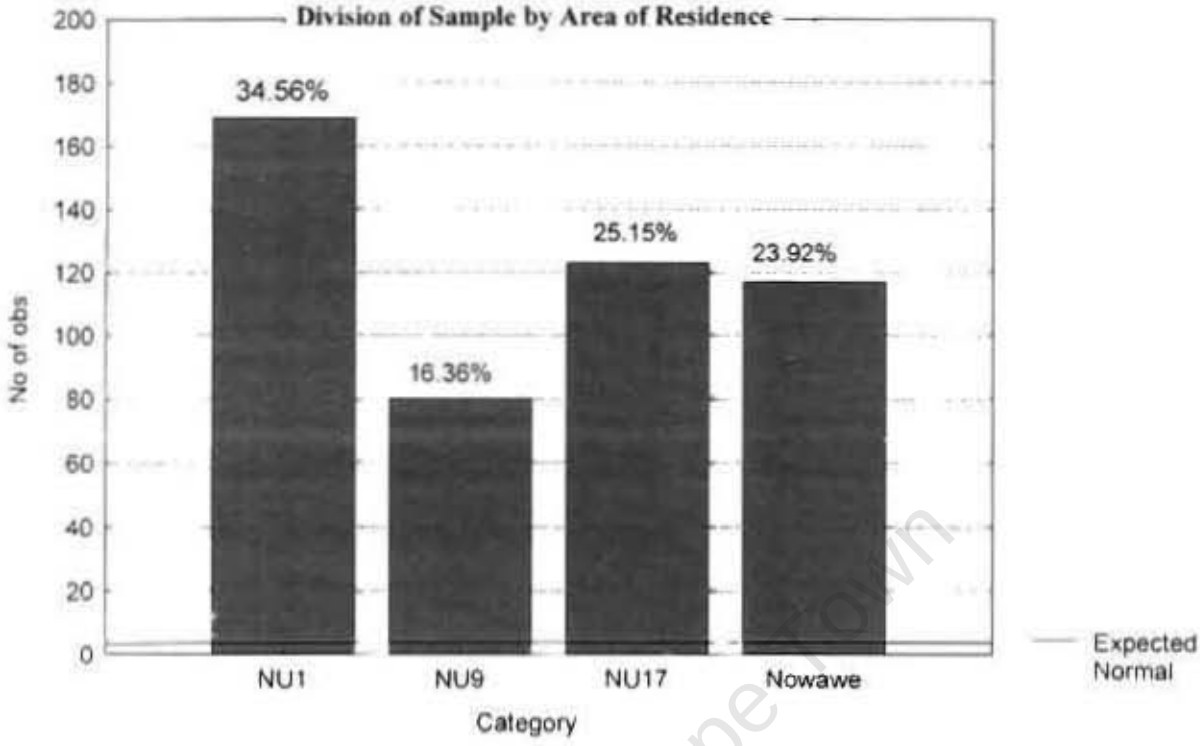


APPENDIX 7 : GRAPH 2.2





APPENDIX 8 : GRAPH 2.3



APPENDIX 9

Child and Family Centre

Cecilia Makiwane Hospital

Survey Questionnaire - Children

Social scientists and service providers often use questionnaires to get a better understanding of a number of community issues. These questionnaires allow us to plan our community services in ways that can best benefit the community.

This survey, which is being undertaken by the Child And Family Centre in conjunction with the University of Cape Town, is endorsed by SANCO Mdantsane and the Department of Health and Welfare, Eastern Cape. The focus of this study is family life.

The questionnaire asks you a number of questions about your background (age, marital status, number of children etc.) in addition the questionnaire asks a number of questions regarding conflict between people in your community.
Your opinion is very important in this survey. You have experiences that will help us to be more appropriate in providing our services to your community. Since we can only ask a few people to fill out the questionnaire you may be speaking on behalf of many people who did not get the opportunity to give us their views. **Please answer all the questions as fully and honestly as possible.**

Persons asked to participate in this study have been selected purely by chance. Neither your name nor your address appear anywhere on the questionnaire. This ensures that your answers remain anonymous. The information you provide will remain confidential and will be used for research purposes only.

This study would not have been possible without the financial support of the HSRC and Johnson and Johnson.

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Abenzululwazi abazibekisa kwizinto zoluntu nabo bamele inkonzo bathanda ukusebenzisa imibuzo ukuze bafumane imvisiswano ebhetele yemicimbi yenkonzo yoluntu. Le mibuzo yenzelwa ukuba sikwazi ukucwanggcisa iinkonzo zethu ngeendlela ezinokuthi zibe negalelo eluntwini.

Olu cando luthatyathwa yiSenta yabantwana nosapho kunye neYunivesiti yaseKapa, lungqinwe yiSANCO eMdantsane kunye neSebe lweZempilo neMpilontle eMpuma-Koloni. Olu cando lunoqwalaselo kubomi losapho.

Le mibuzo ikubuza inani lemibuzo ngemvelaphi yakho (iminyaka, iwonga lomtshatho, inani labantwana, njl. njl.) kwaye ikubuze inani lemibuzo ngengxabano phakathi kwabantu nabahlali.

Uluvo lwakho lubaluleke kakhulu kolu cando. Unamava ayakusinceda thina ukuba sibe nemfaneleko yokubonelela kwinkonzo yoluntu.

Njengokuba abantu bambalwa abaphendula le mibuzo, uthethela abantu abaninzi abangafumenanga ithuba lokusinika iimbono zabo. Nceda uphendule yonke imibuzo ngokupheleleyo nangokunyanisekileyo.

Abantu ababuzwe ukuthatha inxaxheba kulo mfundiso abakhethwanga, bathathwa nje. Akukho gama okanye i-adilesi yakho iza kubonakala naphi na kule mibuzo. Le nto ibonisa ukuba iimpendulo ziza kusoloko zingenamagama. Olu lwazi usibonelele lona luya kuhlala lungathethwa kwaye luya kusetyenziswa kwiinjongo zophando kuphela.

Le mfundiso ibingenakwenzeka ngaphandle kwenxaso yemali yeHSRC noJohnson noJohnson.

Official Data

DATE	(yr/mt/dy)
INTERVIEWER	
ZONE	
TIME	from: to:
INTERVIEW NO.	

Another community project ...

I. DEMOGRAPHICS

1. Personal and family details

1.1 sex | F | M |

1.2 date of birth ___(yr)/___(mt)/___(d)

1.3 duration at current residence | 0-6 mths | 7mths-2yrs | 3-5yrs | 6yrs + |

1.4 household members at current residence

	1.4.1	1.4.2	1.4.3			1.4.4
No.	Relationship	Age	Occupation			Type/std
1			emp	unemp	schol	
2			emp	unemp	schol	
3			emp	unemp	schol	
4			emp	unemp	schol	
5			emp	unemp	schol	
6			emp	unemp	schol	
7			emp	unemp	schol	
8			emp	unemp	schol	
9			emp	unemp	schol	
10			emp	unemp	schol	

1.5 if one or both parents do not live at above residence:

	1.5.1	1.5.2	1.5.3			1.5.4	1.5.5				
	live where	age	occupation			type	contact				
mother			emp	unemp	scho		day	week	mo	year	nev
father			emp	unemp	scho		day	week	mo	year	nev

1.6 scholar | Y | N |

if Yes, 1.6.1 standard

1.6.2 last term's average or rank

if No, 1.6.3 employed | Y | N |

if yes, 1.6.3.1 type

1.6.4 highest std obtained

Fail record

1.6.5 BOTH SCHOLARS AND NON-SCHOLARS ——————>

No.	Std
1	
2	
3	
4	

1.7 source of financial support

parent	guard	relat	self	other:

2. Health History

2.1 symptoms (during past week):

Type	Frequency				
nightmare	0	1	2	3	4+
headache	0	1	2	3	4+
stomachache	0	1	2	3	4+
falling asleep	0	1	2	3	4+

2.2 hospitalisations [Y] [N]

if Yes,

	2.2.1	2.2.2	2.2.3				2.2.4			
No.	Why	Age	Duration				Visits			
1			o/n	f/d	w	m	0	d	w	m
2			o/n	f/d	w	m	0	d	w	m
3			o/n	f/d	w	m	0	d	w	m

2.3 chronic ailments [Y] [N]

if Yes, 2.3.1 2.3.2

No.	Type	Treatment			
1		none	medi	trad	other:
2		none	medi	trad	other:
3		none	medi	trad	other:

Source:

NOTICE ---- IF THERE HAS BEEN AN ADULT PRESENT HE OR SHE SHOULD NOW LEAVE!

3. Social Supports

3.1 friends at school or work

none	one	few	many

3.2 friends in neighbourhood

none	one	few	many

3.3 boy/girlfriend(s) [Y] [N] if YES ——> 3.3.1 3.3.2

No.	Duration				Age
1	d	w	m	y	
2	d	w	m	y	
3	d	w	m	y	
4	d	w	m	y	

3.4 membership [Y] [N]

if Yes 3.4.1 3.4.2

No.	Type	p/week contact				
1		0	1	2	3	4+
2		0	1	2	3	4+
3		0	1	2	3	4+
4		0	1	2	3	4+

3.5 religion | Y | N |

if Yes, 3.5.1 type

Meth	Angl	Zion	Bahai	Other:

3.5.2 frequency

0	1	2	3	4+

3.6 freetime

Self	Friend	Boy/Girl fr.	Family	Other:

4. Offspring

4.1 Own offspring | Y | N |

if Yes

4.1.1 Age	4.1.2 Reside where	4.1.3 Relationship					4.1.4 R supp		4.1.5 Contact				
		fr	rela	pa	stra	other:	Y	N	0	d	w	m	y
		fr	rela	pa	stra	other:	Y	N	0	d	w	m	y
		fr	rela	pa	stra	other:	Y	N	0	d	w	m	y
		fr	rela	pa	stra	other:	Y	N	0	d	w	m	y

FOR FEMALES ONLY

4.2 other pregnancy(ies) | Y | N |

if Yes

No.	4.2.1 Age	4.2.2 Relationship						4.2.3 Outcome		
1		fr	fa	bro	rela	stra	other:	mis	abor	dea
2		fr	fa	bro	rela	stra	other:	mis	abor	dea
3		fr	fa	bro	rela	stra	other:	mis	abor	dea

5. Substance Use

5.1 during a week

	5.1.1				5.1.2
Type	Frequency				Quantity
beer	nev	day	w/e	few	
wine	nev	day	w/e	few	
spirits	nev	day	w/e	few	
cigarettes	nev	day	w/e	few	
dagga	nev	day	w/e	few	
mandrax	nev	day	w/e	few	
glue/thin	nev	day	w/e	few	

6. Involvement with the law

6.1 ever been arrested

Y	N

if Yes

No.	6.1.1 Why	6.1.2 When	6.1.3 Charged		6.1.4 Guilty		6.1.5 Sentence				
1			Y	N	Y	N	susp	jail	cp	warn	other:
2			Y	N	Y	N	susp	jail	cp	warn	other:
3			Y	N	Y	N	susp	jail	cp	warn	other:
4			Y	N	Y	N	susp	jail	cp	warn	other:

II. BELIEFS AND EXPERIENCES

7. Violence and contexts

7.1 When at home, do you feel protected and safe

all the time	some of the time	hardly ever	never

(OMIT 7.2 FOR RESPONDENTS WHO ARE NOT SCHOLARS AND ARE UNEMPLOYED)
7.2 When at school (work), do you feel protected and safe

all the time	some of the time	hardly ever	never

7.3 While walking home, do you feel protected and safe

all the time	some of the time	hardly ever	never

7.4 When catching a taxi, do you feel protected and safe

all the time	some of the time	hardly ever	never

7.5 When shopping or visiting in East London, do you feel protected and safe

all the time	some of the time	hardly ever	never

7.6 When shopping or visiting in Mdantsane, do you feel protected and safe

all the time	some of the time	hardly ever	never

8. Intended response to being hurt

If someone in your family hurt you badly, would you

8.1 Tell someone you trust about what happened

always	sometimes	hardly ever	never

8.2 Run away from home

always	sometimes	hardly ever	never

8.3 Report that person to the police

always	sometimes	hardly ever	never

8.4 Be very careful not to make that person angry again

always	sometimes	hardly ever	never

8.5 Keep a secret about what happened

always	sometimes	hardly ever	never

8.6 Pray that it will not happen again

always	sometimes	hardly ever	never

9. Expectations of reporting

If you told someone about how you were badly hurt by one of your family, then

9.1 The person who hurt you will be arrested

always	sometimes	hardly ever	never

9.2 The person who hurt you will be chased away

always	sometimes	hardly ever	never

9.3 The person who hurt you will hate you

always	sometimes	hardly ever	never

9.4 The person who hurt you will want to hurt you again

always	sometimes	hardly ever	never

9.5 The person you told will not believe you

always	sometimes	hardly ever	never

9.6 The person you told will help you

always	sometimes	hardly ever	never

9.7 **How would you want the person you told to help you?:**

_____

_____

9.8 **What must the person you told not do?:**

_____

_____

10. Perceived support

If you were badly hurt by someone in your family:

	10.1		10.2		10.3	
Who	Who would you tell		Who wants you to tell		Who could help you	
Friends	Yes	No	Yes	No	Yes	No
Siblings	Yes	No	Yes	No	Yes	No
Relative	Yes	No	Yes	No	Yes	No
Neighbour	Yes	No	Yes	No	Yes	No
Mother	Yes	No	Yes	No	Yes	No
Father	Yes	No	Yes	No	Yes	No
Teacher	Yes	No	Yes	No	Yes	No
Minister	Yes	No	Yes	No	Yes	No
Doctor	Yes	No	Yes	No	Yes	No
Clinic sr	Yes	No	Yes	No	Yes	No
Res com	Yes	No	Yes	No	Yes	No
Police	Yes	No	Yes	No	Yes	No
Trad healer	Yes	No	Yes	No	Yes	No
S/worker	Yes	No	Yes	No	Yes	No

11. Experience of violence at school

FOR SCHOLARS ONLY

Last week did any of the teachers at your school hurt you by:

	11.1				11.2		11.3	11.4				
Type	No.				Ever		Why	Help				
hit: hand	0	1	2	3+	Y	N		0	f	t	p	o:
hit: object	0	1	2	3+	Y	N		0	f	t	p	o:
burnt	0	1	2	3+	Y	N		0	f	t	p	o:
cut	0	1	2	3+	Y	N		0	f	t	p	o:
stabbed	0	1	2	3+	Y	N		0	f	t	p	o:
kicked	0	1	2	3+	Y	N		0	f	t	p	o:
strangled	0	1	2	3+	Y	N		0	f	t	p	o:

12. Experience of violence at home

Last week did anyone in your family hurt you by:

Type	12.1 No.	12.2 Ever	12.3 Who (rela to ch)	12.4 Why	12.5 Help
hit: hand	0 1 2 3+	Y N	mo fa br si rel		0 n s f o:
hit: object	0 1 2 3+	Y N	mo fa br si rel		0 n s f o:
cut	0 1 2 3+	Y N	mo fa br si rel		0 n s f o:
burnt	0 1 2 3+	Y N	mo fa br si rel		0 n s f o:
stabbed	0 1 2 3+	Y N	mo fa br si rel		0 n s f o:
kicked	0 1 2 3+	Y N	mo fa br si rel		0 n s f o:
strangled	0 1 2 3+	Y N	mo fa br si rel		0 n s f o:

13. Experience of domestic violence

13.1 In the last week have any of your family hurt one another? Y N

if Yes, 13.2 13.3 13.4 13.5 13.6

No.	13.2 Rela to victim	13.3 Rela to aggressor	13.4 Why	13.5 How	13.6 Help
1	mo sis bro o:	fa bro mo o:		hit stab o:	0 m p n c
2	mo sis bro o:	fa bro mo o:		hit stab o:	0 m p n c
3	mo sis bro o:	fa bro mo o:		hit stab o:	0 m p n c
4	mo sis bro o:	fa bro mo o:		hit stab o:	0 m p n c

14. Use of violence

14.1 In the last week have you deliberately hurt someone? Y N

If Yes, 14.2 14.3 14.4 14.5

No.	14.2 Who	14.3 How	14.4 Why	14.5 Consequence
1	fr sis bro o:	hit stab kick o:		0 hit pun o:
2	fr sis bro o:	hit stab kick o:		0 hit pun o:
3	fr sis bro o:	hit stab kick o:		0 hit pun o:
4	fr sis bro o:	hit stab kick o:		0 hit pun o:

APPENDIX 10

FIELD WORKERS' GUIDELINES:

MDANTSANE SURVEY, CHILDREN

A) Establishing contact and introductions

Introduce yourself and why you have come, to the person who lets you in:

> **I am a fieldworker for a survey that is being conducted by the Child and Family Centre and SANCO in Mdantsane. We are visiting as many households in Mdantsane as we can to ask questions about family life, schooling and conflict. This information will be used to determine whether services are needed for families and if so what type of services are required. Men, women and children are being given an opportunity to express their views and experiences. Everyone who participates is promised that their responses will remain anonymous, that is there will be no way that anyone can tell who participated in the survey since we do not record your name or address.**

Establish whether there are any children of suitable or target age available to interview in the household. If there are not thank the person for their time and attention and move to next household. If there is a child available of suitable age, establish whether the person you have been talking to is the child's parent, caregiver or guardian. If they are not ask to see someone in the house who is and reintroduce yourself to them. If they are obtain their consent by asking:

> **Would it be possible for me to ask the child some questions? It will take about fifty minutes to do this?**

If the person consents ask to be introduced to the child.

> **Hello. My name is.....I am going to many homes in Mdantsane to ask adults and children questions about their families and schools or work. I would like to ask you some questions today. This is not a test of what you know or how clever you are. It is not a test of any kind. I would like to know what your experiences of living and going to school here are. We are asking as many people about this as we can. Nobody will know what you answered because we do not record your name or where you live, and your answers get put together with all the other people's answers so that it is impossible to tell who answered what. Your ..... has said that it will be all right for us to do this.** (for 8-12 year old) **Perhaps you could ask someone here that knows you well to sit in with us for the first few questions. Is that all right?**

If the child consents, establish need for privacy:

> **Could we find a place inside or outside where we can be alone and uninterrupted. It is important that you feel free to talk. Whatever you tell me stays between us. I am not allowed to repeat what you have told me to your family or anyone you know. Do you have any questions? Let's get started.**

B) Official data and some guidelines for starting

On the cover page fill in
- date
- your name
- the zone in which the interview is being conducted
- the time of starting
- and the interview number.

At the end of the interview fill in the time at finishing.

*It is a good idea to fill this information in front of the respondent (child) and to explain what you are doing.
*It is important to maintain transparency throughout the interview as a way of gaining the respondent's trust.
*Seat yourself close to the respondent so that s/he is able to see the answer booklet and the entries you are making.
*Try to conduct the interview in as open and conversational manner as possible.

C) Demographics

*It is important to engage the respondent and display encouragement and patience during this section as a way of building rapport for the next section in which they will be interviewed alone.
*If an adult is present in the case of younger respondents, always direct the question to the respondent first. Only if they display lasting uncertainty or respond that they do not know should the adult be asked for a response.
*Allow pauses after the questions have been asked and opportunity for repeating or explaining the question to the respondent.
Introduce this section:

> **I am going to start by asking you some questions about yourself, your family and your school or work. If you do not understand any of the questions or don't know the answer then please tell me. Are you ready to begin?**

For respondents younger than 12 years old add

> **Sometimes we may need to ask .....**(name of adult) **to help us out with an answer. Are you ready to begin?**

1. Personal and family details

1.1 sex

> **Are you a boy or girl?** (8-12 year old)
> **Are you male or female?** (13-16 year old)

If the child's sex is obvious to you, you do not have to ask the question You should, however, explain to the respondent that you are recording that they are male/female in the answer booklet.

Tick F for female or girl
Tick M for male or boy

1.2 Date of Birth

> **When were you born?**

It is important to get the YEAR (yr), MONTH (mt) and DAY (d) in which the child was born. Record these in the spaces provided.

1.3 Duration at current residence

> **How long have you lived in this house?**

The answer can be an estimate. Tick the relevant block:

:

0 - 6 mths = anywhere between a few days, weeks or months but not exceeding 7 months. (e.g.) 3 days; 2 weeks; 4 months; 6.5 months etc.

7mths - 2yrs = anywhere between 7 months and 2 years but not exceeding three years. (e.g.) 10 months; 1.5 years; 2yrs and 8mth s etc.

3 - 5 yrs = anywhere between 3 and 5 years but not exceeding 6 ears. (e.g.) 3 years; 5 years and 9 months etc.

6 yrs+ = any time of 6 years or more. (e.g.) 6 years; 18 years etc.

You may offer the child prompts:

Have you lived here a few months or a few weeks or a few years?

If necessary consult the adult for a more precise response.

1.4 Household members at current residence

Who are all the people that live in the same house as you?

1.4.1

Do not record the names of household members - only record how they are RELATE to the child (e.g. mother, father, sister, brother, uncle, grandmother, cousin, lodger, stepmother, foster father, etc). It is important to find out who the respondent's parents are and whether they are the biological parents of the respondent. If the child offers names ask:

Who is that?

Record the answer in the column called Relationship.

1.4.2

How old is ...... (member of household)?

Record answer in the column called Age.

1.4.3

Does .... (member of the household) **work or go to school?**
Tick appropriate block under column called occupation.

emp = Employed; the person has a job of any kind whether part-time or full-time; the person earns some money regardless of how much.
unemp = The person has no job or does not earn any money.
schol = The person goes to school or studies full-time.

1.4.4

if emp**What work does ..... do?**
if unemp **Is ..... disabled or a pensioner?**
if schol **What standard is .....in? or What is ..... studying?**

Record the answers in the column called type/std

* Before continuing check that the child has included everyone by asking:

Is there anyone else who lives with you?

1.5 biological parents living at different residence

If the biological mother and/or biological father of the respondent do not live with him/her, then the following questions need to be asked. If both of them live with the respondent then move to question 1.6.

1.5.1

Where does your mother (father) live?

Record the name of the town, city or village in the column called Live where.

1.5.2

How old is she (he)?

Record age in the column called Age.

1.5.3

Does she (he) work or go to school?

Tick appropriate block under column called Occupation.

emp = Employed; the person has a job of any kind whether part-time or full-time; the person earns some money regardless of how much.
unemp = The person has no job or does not earn any money.
schol = The person goes to school or studies full-time.

1.5.4

if emp **What work does ..... do?**
if unemp **Is ..... disabled or a pensioner?**
if schol **What standard is .....in?** or **What is ..... studying?**

Record the answers in the column called type/std.

1.5.5

Do you ever see your mother (father)?

If no, tick the block 'nev'.
If yes, ask: **How often do you see her (him)?**

day =Every day.
week =Once a week OR a few times a week (e.g.) every weekend; three times a week; Wednesdays etc.
mo =Once a month OR a few times a month (e.g.) end of the month; every second weekend etc.
year =Once a year OR a few times a year (e.g.) on my birthday; on Christmas; during holidays etc.

Tick the relevant block.

1.6 Scholar

Do you go to school?

If yes, tick 'Y' block and ask:

1.6.1 **What standard or class are you in?**

Record answer in the space provided.

1.6.2 **What was your overall average mark last term?**

Record mark or symbol in the space provided. If respondent (and adult in the case of respondents younger that 12) does not know this ask:

Where did you come in your class last term?

Record position or rank in the space provided.

1.6.5 **Have you failed any standard at school?**

if no, draw line through table 1.6.5 and move to question 1.7.

if yes, ask:
What standard did you fail?

Record the standard failed in the Std column and ask:

Did you fail any other standards?

Record answer in remaining space. If the respondent has failed a standard more than once (e.g. failed std 6 three times) then enter the standard once and write an 'x' sign next to it followed by the number of times that standard was failed (e.g. std 6 x3).

If no, tick 'N' block and ask:

1.6.3 **Do you have a job?**

if yes, tick 'Y' block and ask 1.6.3.1 **What type of job is it?**
Record answer in the space provided.
if no, tick 'N' block.

If person is employed OR unemployed:

1.6.4 **What was the highest standard you passed at school?**
Record answer in the space provided.

1.6.5 **Did you fail any standards at school?**
if no, draw line through table 1.6.5 and move to question 1.7.

if yes, ask:

What standard did you fail?
Record the standard failed in the Std column and ask:

Did you fail any other standards?
Record answer in remaining space. If the respondent has failed a standard more than once (e.g. failed std 6 three times) then enter the standard once and write an 'x' sign next to it followed by the number of times that standard was failed. (e.g. std 6 x3).

1.7 Source of financial support

Who pays for your clothes and food?

parent = Biological mother AND/OR biological father of respondent.
guard = Respondent's legal guardian who resides at same house as him/her (e.g. foster parent, adoptive parent, grandparent with custody etc.).
relat = Any adult who is related to the respondent but not legally responsible for him/her and who may or may not live with the respondent (e.g. aunt, grandparent, cousin, sister etc.).
self = Respondent supports him/herself financially.
other = Any other person not covered in these categories (e.g. teacher, friend, neighbour etc.). Record who this person is in relation to the respondent in the space provided.

*NOTE: If the respondent receives money from more than one source, indicate this by ticking all the relevant categories (e.g. if respondent is supported by biological mother and his/her sister then you would tick both the 'parent' and the 'relat' block).

2. Health history

2.1 symptoms

Begin this section by checking with the younger respondents if they know what is meant by 'a week'. Ask:

Do you know how many days there are in a week?

If the respondent does not give the correct response of 7 days then name the days of the week and then ask:

Last week did you have any nightmares or bad dreams?

if no, tick '0' block.
if yes, ask

How many times during the week did you have nightmares?

1 = once; one night only (e.g. only on Thursday night)
2 = two nights (e.g. Monday and Wednesday night, a couple of nights etc.)
3 = Three nights
4+ = four nights OR more than four times (e.g. every night)

Tick the appropriate block.

if the respondent appears unsure about providing an answer to this, ask:

Can you remember when the last time you had a bad dream or nightmare was?

Tick '0' block if respondent cannot remember OR recalls having had a nightmare more than a week ago. Tick '1' block if respondent recalls having had a nightmare within the last week.
Repeat this procedure for the other symptoms in the same way:

Did you have any headaches last week? How many?
Did you have any stomach-aches last week? How many?
Did you find it difficult to fall asleep in the past week? How many times?

2.2 Hospitalisations

Have you ever had to stay in hospital for a night or more?

If no, tick 'N' block and move to question 2.3.
If yes, tick 'Y' block and ask:

2.2.1

Why did you go to hospital?

Record reason for hospitalisation in Why column (e.g. broken arm; TB; accident; assault etc.)

2.2.2

How old were you then?

Record age at the time of hospitalisation in the column Age.

2.2.3

How long did you stay in hospital for?

o/n = one night only
f/d = a few days OR more than one night (e.g. weekend; couple of days; 4 days)
w = more than seven days but less that one month (e.g. one week; two and a half weeks; three weeks; twenty five days etc.)
m = One month OR more than one month (e.g. twenty eight days; one month; 6 months etc.)

Tick the appropriate block.

2.2.4

While you were in hospital did anyone come to visit you?

If no, tick '0' block.
If yes, ask:

How often were you visited?

d = daily OR every day
w = once a week OR a few times a week
m = once a month OR a few times a month

Tick the appropriate block.
* Check for other instances of hospitalisations by asking:

Did you stay in hospital at any other time?

Repeat procedure outlined for additional instances mentioned. If more than four instances are mentioned, record the details of the first four only.

2.3 Chronic ailments

Do you suffer from any long-term illnesses, diseases or disabilities?

If no, tick 'N' block and move to section 3.
If yes, tick 'Y' block and ask:

2.3.1

What do you suffer from?

Record type of condition(s) in Type column (e.g. diabetes; spina bifida; cancer; physical handicap; mental handicap etc.)

2.3.2

Do you receive any treatment for this?

if no, tick 'none' block and move to section 3.
if yes, ask:

What type of treatment do you get?

medi = any medical treatment (e.g. medicine; check-ups; physiotherapy; occupational therapy etc.)

trad = any use of traditional healing methods

other = any other type of treatment that does not fall into the other two categories (e.g. faith or spiritual healing; disability grant etc.)

Tick the appropriate block and what the treatment is if the 'other' category is used.

Check whether the respondent suffers from any other conditions by asking:

Are there any other conditions you suffer from?

if yes, repeat procedure as outlined above.
if no, move to question 3.

****
****

*At this point in the survey, if there has been adult present to assist the respondent he/she should be thanked for their help and asked to leave the interviewer and respondent to complete the survey together.
*If the adult contributed all the information during the first demographic section this fact must be recorded next to the title 'source:_____'. (e.g. source: aunt)
*If both the respondent and the adult answered questions they must both be recorded after the title 'source'. (e.g. aunt and child)
*If the respondent answered all the questions so far on their own, then record source: child.
In the case of younger respondents when the assisting adult leaves:
*Before continuing with the questions remind the respondent of confidentiality as a way of putting him/her at ease:

I am going to continue asking you questions but from now on whatever you answer or tell me stays between the two of us only. I will not tell any of your family what you have answered. Sometimes there are things we know and feel but do not want to say in front of our family or friends. This is a chance to say exactly what you believe or have experienced without worrying that anyone will find out or punish you for saying that. Do you have any questions. Let's continue.

****
****

3. Social supports

3.1 friends at school or work
*This question must be omitted for respondents who do not go to school AND do not work:

Do you have any friends at school (work)?

If no, tick 'none' block and move to question 3.2.
If yes, ask:

Do you have one, a few or many friends?

one = one friend at school or work.
few = a couple or between 2 to 4 friends at school or work.
many =5 or more friends at school or work.
Tick the appropriate block.

3.2 friends in the neighbourhood

Do you have any friends in the neighbourhood where you live?

If no, tick 'none' block and move to question 3.3.
If yes, ask:

Do you have one, a few or many friends in your neighbourhood?

one = one friend.
few = a couple or between 2 to 4 friends.
many =5 or more friends.
Tick the appropriate block.

3.3 boyfriends/girlfriends

Do you have a boyfriend (girlfriend) or partner?

*You may need to clarify that you are asking about romantic relationships and not friendships.
*The question is limited to CURRENT relationships only.
If no, tick 'N' block and move to question 3.4.
If yes, tick 'Y' block and ask:

3.3.1

How long have you been together or in a relationship?

d = between 1 and 6 days; a few days (e.g. a weekend; a couple of days; 4 days etc)
w = between one week and three weeks OR just under one month (e.g. two weeks; three and a half weeks etc)
m = between one month and 11 months OR just under one year
y = one OR more years

Tick the appropriate block.

3.3.2

How old is your partner?

record age of partner in Age column.

Check if the respondent currently has any other partners:

Do you have any other partners at the present time?

If no, move to question 3.4.
If yes, repeat the same procedure as outlined above for every additional partner named.

3.4 membership

Do you belong to any teams, groups, organisations or clubs?

If no, tick 'N' block and move to question 3.5.
If yes, tick 'Y' block and ask:

3.4.1

What kinds of groups do you belong to?

Record the answers in the Type column (e.g. soccer team; choir; ANC youth league; drama club etc).

3.4.2

How often do you meet with this group in one week?

0 = (e.g. hardly ever; once a month; once every two weeks etc).
1 = once a week only
2 = twice a week (e.g. weekends; Monday and Thursday etc.).

3 = three times a week
4+= four or more times a week (e.g. every day; week days only; 6 days a week etc).
Tick the appropriate block.

3.5 religion
Are you religious?

If no, tick 'N' block and move to question 3.6.
If yes, tick 'Y' block and ask:

3.5.1
Which religion do you belong to?
meth = Methodist
angl = Anglican
zion = African Zionist
bahai = Bahai
other = Any other religion or denomination that is not covered by the preceding categories (e.g. African Methodist; Islam; Jehovah Witness etc.) Record the type of religion in the space provided.
Tick the appropriate block.

3.5.2
How often do you go to church or temple in one week?
0 = never; once every two weeks; once a month; only on religious holidays.
1 = one day only per week (e.g. every Sunday; every Saturday; every Friday).
2 = two days per week (e.g. weekend; every Monday and Wednesday).
3 = three days per week.
4 = four OR more days per week (e.g. every weekday; every day; Monday to Saturday etc).

3.6 free time
If you have free time to do whatever you like, would you usually:
- **spend it no your own**
- **spend it with a friend**
- **spend it with your partner**
- **spend it with your family**

The respondent is required to choose one of the categories and then the appropriate block should be ticked.
If the respondent says that none of the categories mentioned apply to him or her, then ask:
Who do you usually spend your free time with?
Tick the 'other' block and record the answer given by the respondent in the space provided (e.g. neighbour; teacher; cousin etc).

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4. <u>Offspring</u>

4.1 Own offspring
Have you had any children?

If no, tick 'N' block and move to question 5 for males and question 4.2 for females.
If yes, tick 'Y' block and ask:

4.1.1
How old is s/he?
Record age of respondent's offspring in the column <u>Age</u>.

4.1.2

Where does s/he live?

Record the name of the town, city or village where the child lives in the column Reside where.

4.1.3

For female respondents: **Who is the father of this child?**
For male respondents: **Who is the mother of this child?**
Record how the mother or father is RELATED to the respondent, not their names:

fr = friend
rela = any person related to the respondent apart from their biological parents (e.g. brother, sister, cousin, aunt, uncle etc).
pa = the biological mother or father of the respondent
stra = a stranger or person unknown to the respondent (e.g.lodger; taxi driver; shop keeper etc).
other = any other person who does not fit into the above categories. Record who this is in the space provided (e.g. teacher; neighbour; minister; brother's friend; foster parent, adoptive parent etc).

Tick the appropriate block.

4.1.4

Do you currently pay anything towards this child's food and clothes?

If no, tick 'N' block.
If yes, tick 'Y' block. *Note: any contribution no matter how little it is must be entered in 'Y' block.

4.1.5

How often do you see this child?

d = daily OR every day
w = once a week OR a few times a week (e.g. Mondays; weekends; every second day etc)
m = once a month OR a few times a month (e.g. at the end of every month; once every two weeks etc)
y = once a year OR a few times a year (e.g. at Christmas; at birthdays; during school holidays etc)
0 = no contact at all OR no contact for more than two years

Tick the appropriate block.
Check if the respondent has any other children by asking:

Do you have any other children?

If no, move to question 5 for males and question 4.2 for females.
If yes, repeat the procedure outlined above for each additional child identified.

4.2 **FOR FEMALE RESPONDENTS ONLY** - other pregnancies

If the respondent has a child, ask:

Apart from your pregnancy with your child, have you ever had any other pregnancies?

If the respondent does NOT have a child, ask:

Have you ever been pregnant?

If no, tick 'N' block and move to question 5.
If yes, tick 'Y' block and ask:

4.2.1

How old were you at the time?

Record age in Age column.

4.2.2

Who was the father?

Record the relationship of the father to the respondent, not his name. If respondent identifies him by name ask:

How did you know the father?

fr = friend to the respondent
fa = respondent's biological father
bro = respondent's brother
rela = any person related to the respondent other than her biological father and brother (e.g. uncle; cousin; grandfather etc)
stra = a stranger or person unfamiliar to the respondent
other = any person who does not fit into one of the above categories. Record who this person is in the space provided (e.g. adopted father; foster father; teacher; minister; neighbour etc)

Tick the appropriate block.

4.2.3

What happened with that pregnancy?

mis = miscarriage
abor = abortion; termination of pregnancy
dea = death; the baby or child died; still birth

Tick the appropriate block.
Check whether the respondent had any other pregnancies:

Have you had any other pregnancies apart from this one (and the ones with your children)?

If no, move to question 5.
If yes, repeat the same procedure as outlined above for each additional pregnancy mentioned.

---

5. Substance use

5.1 during one week

5.1.1

During one week, including the weekend, do you drink beer?

nev = never; only on holidays; about once every two weeks etc.
day = every day of the week; Monday to Sunday; daily.
w/e = only on weekends; Friday to Sunday etc.
few = a few times per week (e.g. every weekend AND some weekdays; Monday to Friday; Mondays and Thursdays etc.)

Tick the appropriate block in the column Frequency.
If you have ticked the 'nev' block ask about use of the next substance, 'wine'. For the other categories (day; w/e; few) ask:

5.1.2

More or less how much do you drink each time?

Record the answer in the column Quantity (e.g. one 6-pack; 4 bottles; half a beer etc.).

Move to the next type of substance and repeat questions 5.1.1 and 5.1.2 for each, following the same guidelines:

(e.g.) **During one week, including the weekend, do you**

- **drink wine?** **if so, how much?**
- **drink spirits (whisky, gin, brandy, rum etc)?** **if so, how much?**
- **smoke cigarettes?** **if so, how much?**
- **smoke/use dagga?** **if so, how much?**
- **smoke/use mandrax?** **if so, how much?**
- **inhale/sniff glue or thinners?** **if so, how much?**

6. Involvement with the law

6.1 ever been arrested

Have you ever been arrested?

If no, tick 'N' block and move to question 7.
If yes, tick 'Y' block and ask:

6.1.1

Why were you arrested?

Record response in Why column (e.g. assault; robbery; murder; rape etc.).

6.1.2

How old were you at the time?

Record answer in the Age column.

6.1.3

Were you charged?

If no, tick 'N' block and move to question 7.
If yes, tick 'Y' block and ask:

6.1.4

Were you found guilty of the charges?

If no, tick 'N' block and move to question 7.
If yes, tick 'Y' block and ask:

6.1.5

What was your sentence or punishment?

susp = suspended sentence
jail = time in jail
cp = corporal punishment
warn = warning and release
other = any other punishment not covered by the previous categories. Record the type of sentence in the space provided (e.g. hard labour; community work; rehabilitation programme etc.)

Tick the appropriate block in column Sentence. Note if the respondent mentions more than one type of sentence or punishment received for a crime, tick off all the relevant blocks (e.g. 'susp' and 'warn' for a sentence consisting of a suspension AND a warning.)
Check whether the respondent has been arrested at any other time by asking:

Have you ever been arrested for anything else?

If no, move to question 7.

If yes, repeat questions 6.1.1 - 6.1.5 for each additional instance of arrest mentioned, following the guidelines provided.

D. Beliefs

*Introduce this section:

The next questions are different to the ones you have just answered. I am going to ask what you think about certain situations or events. There is no right or wrong answer to these questions. Each time I will give you a choice of answers and you must pick the one that feels true for you. Remember that what ever you say stays between us. If you do not understand any of the questions please tell me so that I

can try to explain what is meant. It is important that you answer all the questions. Are you ready to start.

*The questions should be read quite slowly and clearly. Allow time for the respondent to think. If more than one minute go by without an answer ask the respondent if (a) s/he understands the question and (b) if s/he would like you to repeat the question.
*If the respondent still does not answer, remind them that (a) there are no right or wrong answers - you want to know what S/HE thinks; (b) it is important to answer all the questions and (c) everything said stays between you and the respondent.
*Note that the questions are asked differently depending on whether the respondent is between 8-12 years old OR 13-16 years old. Take note of these different instructions.

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7. Violence and contexts

RESPONDENTS: 13 -16 YEARS OLD
7.1 -7.6

When you are at home do you feel protected and safe:
- all the time? or
- some of the time? or
- hardly ever? or
- never?

* Point to the categories on the answer sheet as you are naming them, pausing briefly after each one to allow the respondent time to think.
*Tick the response chosen by the respondent and move to 7.2 only if the respondent is a scholar OR is employed. If the respondent is unemployed and does not go to school move directly to question 7.3.
*Repeat the same procedure for the remaining questions.

RESPONDENTS: 8-12 YEARS OLD
Introduction

I am going to ask you some questions about where you feel safe and protected. Do you see these faces? The first one has a big smile and feels protected and safe ALL the time. The next one has a smaller smile, that's because it feels safe and protected SOME of the time but not all of the time like the first face. The third face looks a little worried, doesn't it? That's because this face HARDLY EVER feels protected and safe. And the last face is crying and very sad. Why do you think that is? Yes, because this face NEVER feels protected and safe. It is always scared.

7.1

Which of these faces shows me how you feel at home?

*Point to each face as you speak:

Do you feel safe and protected all the time at home? some of the time? hardly ever? or never?

*Get the respondent to point to the face they want to choose and record the response made by ticking the appropriate block.
*Repeat this procedure for all the remaining questions (e.g. 7.2)

When you are at school (work), which of these faces show how you feel? Do you feel safe and protected all the time.....

---

8. Intended response to being hurt

RESPONDENTS: 13-16 YEARS OLD
Instructions

If someone in your family hurt you badly you might decide to do something about it. I am going to give you some examples of what you could do and I want you to tell me whether that is something you would ALWAYS, SOMETIMES, HARDLY EVER or NEVER do?

8.1

If someone in your family hurt you badly, would you:
always, sometimes, hardly ever or never tell someone you trust about what happened?

Record the response by ticking the appropriate block.

8.2

Would you always, sometimes, hardly ever or never run away from home if you were hurt badly by someone in your family?

Record the response and ask the remaining questions in the same way.

RESPONDENTS: 8-12 YEARS OLD
Instructions

Here is a picture of four buildings at night. In the first picture ALL the lights are on - can you see that? In the next building only SOME of the lights are on. In this building there are VERY FEW lights on and in the last building NONE of the lights are on. Say I asked you "Do you work hard at home?". If you ALWAYS work hard at home then you would choose the building where ALL the lights are on. If you SOMETIMES work hard at home then you would choose the building that has SOME lights on. Which building would you choose if you HARDLY EVER work hard at home? Yes, you would choose the building with VERY FEW or HARDLY any lights on. And if you NEVER work hard at home you would choose this building where there are NO lights on.

Now I am going to ask you some questions about what you might do if someone in your family hurt you badly. I will give you an example of something you could do and then I'll ask you if you would (point to each building successively) **always, sometimes, hardly ever or never do that. You can point to the building that you choose for your answer. Do you understand what to do?**

8.1

If someone in your family hurt you badly would you: always, sometimes, hardly ever or never tell someone you trust about what happened?

*Point to the buildings when offering the choices.
*Record the response chosen by ticking the appropriate block.

8.2

If someone in your family hurt you badly would you: always, sometimes, hardly ever or never run away from home?

*Record the response chosen.
*Ask the remaining questions in the same way.

---

9. Expectations of reporting

RESPONDENTS: 13 - 16 YEARS OLD
Introduction

If you decided to tell someone that you had been badly hurt by one of your family this could lead to a number of different results. I am

going to name a few types of results and I want you to tell me whether you think that would always, sometimes, hardly ever or never happen?

9.1

If you told someone that you had been badly hurt by one of your family then the person who hurt you will be arrested - Do you think that would always, sometimes, hardly ever or never happen?

*Record the response by ticking the appropriate block.

9.2

The person who hurt you will be chased away - Do you think that would always, sometimes, hardly ever or never happen?

*Record the response.
*Ask the remaining questions in the same way.

RESPONDENTS: 8 - 12 YEARS OLD

Introduction

Now we are going to use these pictures (buildings) **again in the same way for another set of questions. If you decided to tell someone that you had been badly hurt by one of your family this could lead to a number of different things happening. I am going to name a few things that could happen and I want you to tell me using the buildings whether you thing that will always, sometimes, hardly ever or never happen** (point to the buildings as you speak). **OK let's start.**

9.1

If you told someone that you had been badly hurt by one of your family then the person who hurt you will be arrested - Do you think that would (point to the buildings) **always, sometimes, hardly ever or never happen? Show me which is your answer.**

*Record response by ticking the appropriate block.

9.2

If you told someone that you had been badly hurt by one of your family then the person who hurt you will be chased away -Do you think that would (point to the buildings) **always, sometimes, hardly ever or never happen?**

*Record the response.
*Ask the remaining questions in the same way.

RESPONDENTS: ALL

9.7

How would you want the person you told to help you? What would you want them to do for you?

*The respondent can give one OR more answers. These are to be recorded verbatim by the interviewer in the space provided.

9.8

And what must the person you told not do?

*The respondent can give one OR more answers. These are to be recorded verbatim by the interviewer in the space provided.

---

10. <u>Perceived support</u>

10.1

Of the following people who would you tell if someone in your family hurt you badly:

*Read the list of people in the <u>Who</u> column.

friends = respondent's friends
siblings = brother(s) and/or sister(s) to the respondent
relative = any person related to the respondent (e.g. aunt; grandfather; cousin etc)
neighbour = respondent's neighbour
mother = respondent's biological mother or legal mother (e.g. foster mother; grandmother with custody; adoptive mother etc)
father = respondent's biological father or legal father (e.g. foster father; uncle with custody; adoptive father etc)
teacher = respondent's class teacher or any other teacher at his/her school
minister = church minister
doctor = medical doctor either at the district clinics, hospital or private practice
clinic sr = clinic sister at district clinic
res com = a residence committee or SANCO member
police = any police man or woman, including members of the child protection unit in Mdantsane
trad healer=traditional healer; sangoma
s/worker = hospital or district social worker

*tick 'No' if the respondent would not ask that person.
tick 'Yes' if the respondent would ask that person.

10.2
Who of those people, do you think, would want you to tell them?

*Read the list of all the types of people in the Who column again.
*tick 'No' OR 'Yes' where appropriate for each person in the list.

10.3
Who of all these people, do you think, would DEFINITELY be able to help you?

*Read the list of all the types of people in the Who column once more.
*tick 'No' OR 'Yes' where appropriate for each person in the list.

---

11. Experience of violence at school

11.1 FOR SCHOLARS ONLY
Last week, did any of the teachers at your school hurt you by
- HITTING YOU WITH THEIR HAND OR FIST?

(i) If no,
tick '0' in the column called No.
ask: 11.2

Have any of the teachers at your school EVER hit you with their hand or fist?

If no, tick 'N' in Ever column and ask about the next type of assault (i.e. hit with an object).

If yes, tick 'Y' in Ever column and ask: 11.3

Why were you hit?

Record response given in the column Why (e.g. talking in class; failing a test; being late for class; not listening etc.).

Ask: 11.4

When that has happened have you ever gone to anyone for help?

If no, tick '0' in Help column and move to the next type of assault at school.

If yes, ask:

Who did you go to for help?

f = a friend or friends at school or in the neighbourhood
t = a teacher at school
p = a policeman or policewoman
o:= anyone else that does not fit into the categories provided. Record who this is in the space provided (e.g. mother; father; brother; aunt; neighbour; social worker; doctor; nurse etc)

Tick the appropriate block. Tick more than one block if the respondent approached more than one person for help.

(ii) If yes, ask: 11.1

11.1 **How often did that happen last week? Did it happen once, twice or more than three times?**

1 = once; on one occasion only
2 = twice
3+= three or more times

Record the total number of times hurt in a particular way no matter how many different perpetrators there were or whether all the hidings were given on one day or not. Each instance contributes towards the total. Tick the appropriate block.

Ask: 11.3

Why were you hit?

Record response given in the column Why (e.g. talking in class; failing a test; being late for class; not listening etc.).

Ask: 11.4

When that happened did you go to anyone for help?

If no, tick '0' in Help column and move to the next type of assault at school.

If yes, ask:

Who did you go to for help?

f = a friend or friends at school or in the neighbourhood
t = a teacher at school
p = a policeman or policewoman
o:= anyone else that does not fit into the categories provided. Record who this is in the space provided (e.g. mother; father; brother; aunt; neighbour; social worker; doctor; nurse etc)

Tick the appropriate block. Tick more than one block if the respondent approached more than one person for help.

Follow the same guidelines and order of questioning for the other types of assaults:

Last week, did any of the teachers at your school hurt you by
- **hitting you with an object like a stick, switch, sjambok, book etc.**
- **burnt or tried to burn you deliberately**
- **cut or tried to cut you deliberately**
- **stabbed you deliberately**
- **kicked you**
- **tried to strangle you**

---

12. Experience of violence at home

12.1

Last week did anyone in your family hurt you by
- HITTING YOU WITH THEIR HAND OR FIST?

(i) If no, (if `yes`, go to next page)
tick '0' in the column called No.
ask: 12.2

Has anyone in your family EVER hurt you in this way?

If no, tick 'N' in Ever column and ask about the next type of assault (i.e. hit with an object).

If yes, tick 'Y' in Ever column and ask: 12.3

In general who in your family hits you with their hand or fist?

mo = mother; any person considered by the respondent to fill this role (e.g. biological mother, foster mother, aunt, older sister etc.)
fa = father; any person considered by the respondent to fill this role (e.g. biological father; uncle; grandfather; adoptive father etc.)
br = brother to the respondent
si = sister to the respondent
rel= any other person related to the respondent who does not fit into the categories provided (e.g. aunt, cousin, grandmother; uncle etc.)

Tick the appropriate block or blocks depending on how many people the respondent identifies, and ask: 12.4

What is usually the reason for you getting hit in this way?

Record response in column Why (e.g. misbehaving; for fighting with my brother/sister; for not listening; breaking something; doing badly at school etc.)

When that happens do you go to anyone for help?

If no, tick '0' in Help column and move to the next type of assault at home.

If yes, ask:

Who have you gone to for help?

n = neighbour (any person who is not related to the respondent and who lives in the same neighbourhood as the respondent)
s = sibling; brother or sister
f = friend
o:= any other person who does not fit into the other categories. Record who this is in the space provided (e.g. aunt; mother; cousin; teacher; police; nurse; church minister etc)

Tick the appropriate block or blocks depending on the sources of help mentioned.

(ii) If yes, ask: 12.1

How often did that happen last week? Did it happen once, twice or more than three times?

1 = once; on one occasion only
2 = twice
3+= three or more times

Record the total number of times hurt by being hit with a fist or hand no matter how many different perpetrators there were or whether all the hidings were given on one day or not. Each instance contributes towards the total. Tick the appropriate block.
Ask: 12.3

Who hit you?

mo = mother; any person considered by the respondent to fill this role (e.g. biological mother, foster mother, aunt, older sister etc.)
fa = father; any person considered by the respondent to fill this role (e.g. biological father; uncle; grandfather; adoptive father etc.)
br = brother to the respondent
si = sister to the respondent
rel= any other person related to the respondent who does not fit into the categories provided (e.g. aunt, cousin, grandmother; uncle etc.)

Tick the appropriate block or blocks depending on how many people the respondent identifies, and ask: 12.4

Why were you hit?

Record response given in the column <u>Why</u> (e.g. misbehaving; for fighting with my brother/sister; for not listening; breaking something; doing badly at school etc.) Ask: 12.5

When that happened did you go to anyone for help?

If no, tick '0' in <u>Help</u> column and move to the next type of assault at home.

If yes, ask:

Who did you go to for help?

n = neighbour (any person who is not related to the respondent and who lives in the same neighbourhood as the respondent)
s = sibling; brother or sister
f = friend
o:= any other person who does not fit into the other categories. Record who this is in the space provided (e.g. aunt; mother; cousin; teacher; police; nurse; church minister etc)

Tick the appropriate block or blocks depending on the sources of help mentioned.

Follow the same guidelines and order of questioning for the other types of assaults:

Last week, did any of your family hurt you by
- **hitting you with an object like a stick, switch, sjambok, book etc.**
- **burnt or tried to burn you deliberately**
- **cut or tried to cut you deliberately**
- **stabbed you deliberately**
- **kicked you**
- **tried to strangle you?**

---

13. Experience of family violence

13.1

In the last week have any of your family hurt one another?

If no, tick 'N' block and move to question 14.
If yes, tick 'Y' block and ask:

13.2

Who was hurt?

mo = biological or legal mother, or any person REGARDED by the respondent to be his/her mother (e.g. adoptive mother, grandmother or aunt with custody etc.)
sis = respondent's sister
bro = respondent's brother
o: = any other person who is not covered by the categories mentioned. Record who this is in the space provided (e.g. father; grandmother; aunt; uncle; cousin etc.)

note: if more that one person was hit on ONE occasion, tick all the appropriate blocks (e.g. sister AND brother: tick both 'sis' and 'bro' blocks).

13.3

Who hurt your _____ (name of person or people hurt)?

fa = biological or legal father, or any person REGARDED by the respondent to be his/her father (e.g. foster father; grandfather or uncle with custody)
bro = respondent's brother
mo = biological or legal mother
o: = any other person who is not covered by the categories mentioned. Record who this is in the space provided (e.g. sister; grandfather; aunt; uncle; cousin etc.)

note: if more than one person was responsible for hurting somebody else on ONE occasion, tick all the appropriate blocks (e.g. father AND uncle : tick both 'fa' and 'o:' blocks and write 'uncle' next to 'o:' block).

13.4

Why did this happen?

Write in summary the reason given by the respondent in the space provided under the column Why (e.g. stealing; lying; disobedience etc.).

13.5

How was your (name of person or people hurt) hurt?

hit = hit with hand, fist or object (e.g. sjambok; chair; stick etc.)
stab = stabbed with a knife or any sharp object
o: = any other means of assault not covered by the previous categories. Record in the space provided the type of assault (e.g. strangle; choke; whip; shot; kicked etc.)

Tick the appropriate block. If the person or people hurt sustained more that one type of assault tick ALL the appropriate blocks (e.g. stabbed and kicked : tick 'stab' and 'o:' and write 'kicked' next to the 'o:' block).

13.6

Did the person (people) who was (were) hurt get any help?

If no, tick '0' block.
If yes, ask:

Who did s/he (they) get help from?

m = medical; any doctor, medical sister or nurse; medical treatment
p = police
n = neighbour; any person who is NOT related to the respondent but lives in the SAME neighbourhood
c = church minister; church worker; church group; any person or group affiliated to a religious institution.

If the person or people hurt got help from a source not mentioned in these categories, write who this was next to the table in line with the row in which the incident is being recorded (e.g. family; friend; social worker; residence committee member etc).

Before moving to question 14, check whether there were any other incidents of domestic violence by asking:

Was any other of your family members hurt by someone else who you live with during the last week?

If no, move to question 14.
If yes, repeat questions 14.2 - 14.6 as outlined above for each incidence reported by the respondent.

---

14. Use of violence

14.1

In the last week have you deliberately hurt someone?

If no, tick 'N' block and prepare to end the interview.
If yes, tick 'Y' block and ask:

14.2

Who did you hurt?

fr = respondent's friend or acquaintance
sis = respondent's sister
bro = respondent's brother
o: = any other person who is not covered by the other categories. Record who this is in the space provided (e.g. mother; cousin; stranger; grandfather etc.)

Tick the appropriate block.

14.3

How did you hurt him (her)?

hit = hit with hand, fist or object (e.g. sjambok; stick etc)
stab = stab with a knife or any sharp object
kick = kick
o: = any other type of assault not covered by the categories provided. Record what this type of assault is in the space provided (e.g. choke; strangle; shoot etc.)

Tick the appropriate block. If more than one type of assault was used show this by ticking all the relevant blocks (e.g. if hit and kicked: tick 'hit' AND 'kick' blocks).

14.4

Why did you hurt that person?

Write down the reason given in the column Why (e.g. betrayed me; defending myself; made me angry etc.)

14.5

Did you get into trouble for hurting that person?

If no, tick '0' block.
If yes, ask:

What happened?

hit = respondent was hit or given a hiding by someone in authority (e.g. teacher; parent; adult) for his/her behaviour
pun = respondent was punished by someone in authority for his/her behaviour (e.g. not allowed to spend leisure time with friends; pocket money withdrawn; given chores or tasks to do etc.)
o: = any other type of consequence not covered by the categories provided. Record what happened in the space provided (e.g. shouted at; given a warning; arrested; taken to a social worker etc.)

Tick the appropriate block. If the respondent underwent more than one type of consequence, indicate this by ticking ALL the relevant blocks.

Check whether there were any other instances of use of violence by asking:

Did you hurt anyone else in the last week?

If no, prepare to end the interview.
If yes, repeat questions 14.2 - 14.5 in the same way as outlined above for each additional instance of violence mentioned.

E. Ending

*Return to any of the questions which the respondent did not answer and re-ask these.
*Check that all of the questions have been asked and answers have been filled in.
*Thank the respondent for participating and giving-up some of their time to take part in the survey. Praise her/him for their co-operation and efforts.
*Thank the guardian for their co-operation.
*Fill in the time at the end of the interview on the front page.

*Please remember that the answer booklet is confidential and may not be shown to anyone else apart from the researchers at the Child and Family Centre , Cecilia Makiwane Hospital.